MENTAL ILLNESSES' IMPACT ON THE CHURCH WHAT SENSITIVITIES SHOULD CHURCHES INCORPORATE TO PROVIDE POSITIVE OUTCOMES FOR INDIVIDUALS WITH MENTAL ILLNESSES

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TABLE OF CONTENT

ABSTRACT.....v

ACKNOWLEDGMENTS.....vi

DEDICATION.....ix

INTRODUCTION.....1

CHAPTER

1. MINISTRY FOCUS.....3

    Context-Geography, Demographics, and History.....20

    The Context Facilitation.....29

    Synergy.....35

2. THE STATE OF THE ART IN THIS MINISTRY MODEL.....40

3. THEORETICAL FOUNDATION.....51

    Historical Formation.....51

    Biblical Formation.....66

    Theological Formation.....93

4. METHODOLOGY.....119

    Statement of the Problem.....120

    Context.....123

    The Project.....125

5. FIELD EXPERENCE.....129

Pre-Test and Post Test Survey Results.....129

Responses to Workshop Sessions.....131

Responses to Sermon Sessions.....133

6. REFLECTIONS, SUMMARY, AND CONCLUSIONS.....136

Mental Health Themes.....136

Theological Themes.....138

Social Themes.....139

Affect Changes.....140

APPENDIX

A. PARTICIPANT LETTERS, PRE & POST TEST.....144

B. WORKSHOPS I-VI OUTLINES.....150

C. SERMONS I-VI MANUSCRIPTS.....169

D. PRE & POST TEST, WORKSHOPS, AND SERMONS QUESTIONIEER RESULTS IN GRAPH FORM.....193

BIBLIOGRAPHY.....208

ABSTRACT

MENTAL ILLNESSES' IMPACT ON THE CHURCH
WHAT SENSITIVITIES SHOULD CHURCHES
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by

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The context Church located in Fayetteville, NC faces a problem; when a parishioner brings a family member that has been diagnosed with a mental illness to church for help, in many cases, church leadership does not possess the needed sensitivity to assist the ill individual. Even research shows that thirty-two percent of pastors stated that the diagnosed person really did not a have mental illness. To increase the church's leaders and lay members' awareness, church members are assessed for current level of knowledge, based on the results of pre assessment data, workshops and sermons were implemented to ensure increased awareness.

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DEDICATION

I wish to dedicate this project work to my biggest fans, my mother and my father. The dream of my mother and father was that their son to go to college. Even though it has been a long time coming, that dream has fulfilled itself more and again. I thank my mother and father for the love that they have shown me all through the years and really inspiring me to complete this work. I also dedicate this project work to the memory of Dr. E. C. Cayson, the previous pastor of new Zion missionary Baptist Church in Plantersville Mississippi, and was my pastor for many, many years. I remember him when I started preaching at the age of twenty-one continuously telling me to "go and get your education."

INTRODUCTION

This project was researched and conducted by the Reverend Norris A. Lipsey, Associate Minister of Lewis Chapel Missionary Baptist Church, Fayetteville, NC. The writer is a licensed and ordained Baptist minister within the North Carolina General Baptist State Convention. The writer was born in the delta region of Mississippi, in a small rural town called Camden, MS, and was raised from the age of three in and around Plantersville, MS, a town in the metropolitan area of Tupelo, MS. Tupelo is located 175 miles north of Camden. The writer moved to North Carolina at the age of seventeen by way of military service and lived there for fourteen months. After a tour in Germany, short stays in Tupelo; and Phoenix, AZ; the writer moved back to North Carolina and has lived there since 1991.

The writer began working in the North Carolina Mental Health Services system in 2003 and has over nine years of experience interacting with the mentally ill population as a Qualified Mental Health Professional and Substance Abuse Counselor.

Under the leadership of the writer, the Mental Health Sensitivities Focus Group was created. The Lewis Chapel Missionary Baptist Church is not only a church that ministers to its members, but also, there are ministries within the church that minister directly to the community. Out of its ministering efforts, the writer is concerned that not enough focus is given to those within the church and the community with mental disabilities. Studies have shown that the church community, as a whole is lacking in its efforts to provide healing to the mentally ill population. Studies have also shown that in

modern day society, clinical depression is the 2nd highest cause of disability in the United States, climbing from number four over the last ten years. The Mental Health Sensitivities Focus Group will provide information and insight, thereby erasing the stigma associated with mental illness to the leaders and laypersons at Lewis Chapel Missionary Baptist Church. Those leaders and lay persons will aid the ministries of Lewis Chapel to assist those with mental disabilities. Mental disability should be recognized in the same context as a physical illness.

Six chapters are presented for the entirety of this project document. Chapter one provides a general background of the writer in the context of the writer and how the writer and the context have been brought together by the hand of the Lord. Chapter two discusses the state of the art in ministry. Chapter Three presents an understanding of the biblical, theological, and historical foundations that deals with mental illness. Chapter Four deals with the methodology, how the model was designed in the program and persons were selected for the workshop and sermon series. Chapter Five is the implementation of the teaching/learning theories, the field experience and what was done in the process. Chapter Six represents the writer's summary and reflection results of the surveys completed by participants in the study and the transformations.

CHAPTER ONE

MINISTRY FOCUS

Cotton was king during the 1850's in the Delta and the Black Belt regions of Mississippi. White Mississippians became wealthy because of cotton's competitive price on the international market, and the labor of hundreds of thousands of slaves. Slaves worked day in and day out in the fields planting, cultivating, harvesting and arming the processing of getting cotton to its final usable state and getting it to market. The demand for cotton fiber in European markets grew and grew. The production of cotton increased from forty-eight million pounds in 1801 to 1,650 million pounds by 1860. The large scale southern cotton farmers of the cotton belt, Mississippi, Alabama, George, and Louisiana, met the demands and became the richest men in America on the backs of Negro slaves. By the 1860, the state of Mississippi had over 436,000 blacks, which amounted to 55% of the population of the state's total of over 790,000. As the writer paints this picture, readers can see why the state of Mississippi on January 9, 1861, was the second state to declare its secession from the Union and became one of the founding states of the Confederate States of America.

During the four hundred years of slavery in America, slaves were basically divided into two classes, the house worker and the field worker. The house workers were those slaves chosen by their owners to work in the owner's homes, cooking, cleaning and maintaining the house. The field workers were the slaves designated to work maintaining and harvesting crops and the general work on the plantation. While the field workers were

out in the fields most of the day, the house workers were around the owners and privileged to information that other slaves on the plantation could only imagine. The house slaves were privy to hear their owner's prayers and bible readings. The slaves heard stories of biblical charters being delivered from perilous situations. They heard the story of Joseph being favored by his father and his brothers selling him into slavery. They heard how Daniel walked out of the lion's den, how David was delivered from the jealous King Saul, and how the Hebrew boys were delivered out of the fiery furnace. The house slaves would sneak out to the other slaves at night and tell these stories to them. The slaves would pray and developed spiritual songs from the stories of freedom they heard. From these stories, the slaves dreamed and began to think about their own freedom. This desire for freedom gave some slaves a reason to live because they knew within themselves that one day freedom would come for them.

After the Civil War, the wealthy plantation owners could not maintain an enslaved work force due to emancipation and the Confederate loss. But previous slave owners still felt that they had the right to own slaves. Ninety percent of the land in Mississippi was fertile frontier land and tens of thousands of migrants moved on the available land, cleaned it up, sold the timber on it and became owners of the land. Many of the owners of the land were African Americans. But even though migrants came to Mississippi, the state would not recover from the sudden loss of wealth that King Cotton provided. Jim Crow laws were established to keep blacks under the feet of whites. Jim Crow laws were laws that were instituted between 1876 and 1965. These laws mandated racial segregation in all public facilities between blacks and whites in which on the behalf of blacks, instituted an integer of economic, educational and social disadvantages and instating a separate but equal policy. This policy was accepted by Mississippi blacks but was instilled in them by

many gruesome methods. The effects of "Jim Crow" was felt heavily in MS. Readers most likely have heard of some of the cruel brutality such as lynching's, beatings, mutilations, rapes, burning of homes and businesses, etc. Black people suffered in Mississippi. These practices of whites against blacks went on for many years. By the 1950's, equality was the main thrust of the American Civil Rights movement in Mississippi. The American Constitution guaranteed blacks in America the same rights as whites, but this concept was rarely enforced. In the southern states especially Mississippi, the Civil Rights movement was not a large occurrence even in the mid 1950s. Up to that point there had been scattered episodes of protest over voter rights but nothing significant.

Jeff Lipsey and wife Ruth of Pickens, Mississippi produced thirteen children. One of the thirteen, Willie, was the 4th oldest of the children. In another small town, about twenty-five miles west called Camden, Willie D. Stevens met a young lady named Elnora Stewart and married her. Elnora, prior to the marriage, already had a daughter named Ruth. Willie D. Stevens' mother died in 1954 and Willie Lipsey and Ruth Stevens met at the funeral, and sparks flew between the two. Willie and Ruth were married a year later when Ruth was 16 and Willie was twenty-two years old. From this union, four children, Willie Jr., Charles, Priscilla and the writer, Norris were born while living in Camden, MS on Willie D. Stevens' eighty acre farm. Willie D. Stevens allowed Willie and Ruth to build a house on the farm.

In 1965, Willie, Ruth and family moved to Tupelo MS. Tupelo is located about 100 miles South of Memphis, TN. The northeastern part of Mississippi was and still is to this day an industrial center. Willie found work with a major construction company that specialized in building bridges. There were major roadways being built during this time, so Willie had plenty of work. Ruth found work at a major chicken processing plant and

worked there for many years. Willie and Ruth found residence with a friend, Mr. Bernard Smith. Mr. Smith's wife had died and he lived alone in Tupelo. He allowed the family to live with him initially for two weeks. During this time Mr. Smith found out that Ruth could cook and she kept a clean house. So two weeks turned into two years. While staying in Tupelo, Willie Jr. and Charles, the writer's two older brothers, were enrolled in Church Street Elementary School. This school had all white students and desegregation had just begun to get underway in the Tupelo Public School System. Willie Jr. and Charles were the first two black students to enroll at Church Street School. The infamous Klu Klux Klan was determined to force Willie and Ruth to take Willie Jr. and Charles out of Church Street School. Letters were sent by mail, rocks were thrown through windows with letters attached and bomb threats were made. At one time a clock was put in the attic to simulate a bomb and ultimately a cross was burned in the front yard, but the children remained in the school. This incident made the Lipsey family very sensitive to the Civil Rights movement.

After this very volatile incident, the Lipsey family moved to Plantersville, MS. Plantersville was the opposite of Tupelo. Tupelo was the city and Plantersville was the country, at least the part that the family resided in. In Plantersville there was country living. The home that Norris resided in had a tin roof and one could hear the rain like drum beats when it rained. The roof was not patched well and when it rained, it would run through the holes and into the house. Water buckets were brought out to catch the rain. There was no indoor bathroom and the outhouse was down a path in the back of the house. The family had dogs, cats, and the house sat in front of a pasture where there were cows, and a small lake for fishing. Willie raised a hog or two each summer and slaughtered them in the late fall. Ruth would cook up a storm and the family ate well. This was true country

living. The family house was located on the outskirts of Plantersville. The main road was Highway six and it ran through the center of Plantersville. At the edge of town, Richmond Road ran from Highway six West about fifteen miles through Lee County into Itawamba County. My family's home was located about seven miles down Richmond road and another mile down an unpaved road called Rocky Road. The house was located about 8 miles west from the main road that ran through the center of Plantersville. This information is important in describing experiences involved in the writer's Christian conversion. Willie, Ruth and the family became members of New Zion Missionary Baptist Church, which was located about one mile down Richmond Road from Highway 6. The family lived about 7 miles west of the church. The Lipsey family had a vibrant church life. Ruth was the catalyst behind the family's church life Ruth made sure the Lipsey children were active in Sunday school, Bible Training Union, Bible Study, Youth Choir and Sunday morning service. Norris the youngest was not an official member at that time because he had not accepted Christ as his savior, but still participated in all the activities. Other older members of the church like Mr. Forster and Ms. Shannon saw something special in Norris and had him participate in special youth activities, such as youth congress and sent him on programs as a representative of New Zion. Rev. J.W. Smith was pastor at New Zion for over twenty-seven year and died in the pastorate. The children were so committed to attending activities, that all the children, Willie Jr., Charles, Priscilla, and Norris acquired bicycles brought by their parents and every Wednesday after school, they would ride their bikes the seven miles to church to attend choir practice and bible study.

After living down Richmond Road for about two years, Willie and Ruth were fortunate to have a house built on Highway six in the heart of Plantersville. Norris was around four or

five years old when the house was built. As the house was being built, Norris and the other children would often, on the ride to church on Wednesdays, go over to where the new house was and watched the house builders building it. Willie and Ruth still live in this house to this day.

In Norris' childhood, a lot of memories were made at 201 Cravon St. One of the premier details that affected Norris' conversion to Christ was the big Bible that sat on the living room table. This big bible that stayed on the living room table was an instrument to Norris accepting Christ. Norris was about five years old and liked to look at the pictures in the big bible. After looking at the pictures, Norris would often read the bible and the stories about Jesus. Norris was very active in church, liked to read the bible and Norris had the mourners' bench experience. During revival when Norris was six, he made a decision to accept Christ as his Savior after being on the mourners' bench for a week. From the Christian aspect, Satan the adversary of the people of God will always try to steal the destiny of a called child of God. Norris' life was almost taken several times during childhood because of his Kingdom of God destiny. At the house on Richmond Rd., an incident happened when Norris was four years old. During this time at Richmond Road, the Lipsey family was not considered poor, but did not have much money. Willie and Ruth's money had to be saved in order for them to buy a new home. Much of the time, the children had to invent toys from sticks and other items they found. One such toy was an old swing that was hung in the big pine tree in the back yard. Unfortunately, an old bumper from an old pickup truck ended up being placed in the swing area. One evening after head start, Norris was in the back yard in the swing and accidently fell out of the swing. His head hit the edge of the bumper and left a big gash in his head. When Ruth got home, she was terrified and rushed him to the hospital. The doctor stated that if he had

fallen a little harder, his brain would have been hit by the bumper and he would have died. Yet another time, while living on Cravon St., Willie and Ruth noticed that Norris, who was always playing, running, jumping, talking, laughing and just being the kid that a typical kid is, was not acting that way, but this evening Norris was acting totally different, isolated, even looking depressed, and running a fever. Ruth and Willie rushed Norris to the hospital. After being examined by the doctor, Norris was diagnosed with spinal Meningitis. Technology was primitive compared to today and doctors could not operate on Norris. The family and church prayed for him and after staying in the hospital for two weeks, he came out healed. Finally, all four children were at the Tombigbee State Park swimming and Norris almost drowned. He was in the shallow water in the state park lake and all of a sudden the bottom of the lake took an unexpected dip and the water was over his head and he was drowning, going down for the last time and his brother Charles waded out to him just in time and saved him. Reflecting back to these events, Norris realizes that his spiritual enemy Satan was trying to kill him and stop his destiny.

Another childhood incident that changed Norris' life happened when he was about ten years old. Norris did not have a lot of money growing up but yet he liked having things he wanted. There were two stores in Plantersville that were within a mile from Cravon St. The first and closest store was the store the local post office was housed in, and the second store was the local town grocery store. One day Norris went in the post office store and did not have any money. Norris decided, while the cashier wasn't looking, to put some penny candy in his pocket and he walked out the store. This was the first time that Norris stole something from the store. Norris kept going to the store and from time to time would take small items like penny candy, put it in his pocket, and walk out the store. Most of the time, the post office store had only one cashier so it was easy, if a person wanted to steal,

to be successful at it. The local grocery store was different unknowns to Norris. The grocery store had set up to detect theft. Norris figuring he had success in stealing from the post office store and figured he would have the same success from the grocery store and at first he did, but after the third time, the store manager walked out the store after him and asked him had he paid for what he had in his pocket. Norris was taken back in the store and the police was called. Norris was taken home by the police and Ruth was told what had happened. The main reason Norris remembered this incident so well was because he received the worst whipping he had received in his life by his mother and as a result, he never stole again. Reflecting back on this occurrence, Norris realized that this incident inspired the work ethic in him to do it the right way and not steal. He realized now why his father worked so hard every day from sun up to sundown.

From the age of ten to fifteen, Norris was very active in church activities and attended worship service every Sunday. Socially, Norris had a crew of friends that he hung out with. Qunnis one of his best friends during elementary and junior high school and George, during the latter part of junior high and high school were close friends. Qunnis and his family lived across the back yard of the Cravon St. house, and Norris and Qunnis were virtually inseparable friends. George really made a spiritual impact on Norris. 90 to 95% of the families around Plantersville were the standard nuclear families, father, mother, and children. George came from one of the first families in Plantersville who's mother was divorced and living with the man who would soon become George's stepfather. George being the oldest child was really impacted by his father and mother being divorced and George and his stepfather did not get along. George would always talk to Norris and describe the dysfunction in his home. George would spend nights at Norris' home and Norris would spend some nights at George's home. George was older than

Norris and he was influenced by George. When George turned eighteen he enlisted in the Navy. George served in the Navy for three years. George served on a Naval Ship that was attacked by Iran and it was believed that during this attack, he developed some mental issues. When George came back home from the Navy, he robbed the local bank in Plantersville three time and got away with it, but turned himself in. He served seventeen years in prison. This was a very traumatic experience to see his friend have such a negative outcome in life.

Ages fifteen to twenty-one were trying years spiritually for Norris. These years Norris would call the dark years. Norris was in church but temptation was always searching for him. Norris took interests in girls, making money, and he had also started smoking cigarettes. Norris started working when he was fifteen at McDonalds in Tupelo and he was surrounded by some fellow workers that were into smoking marijuana and Norris migrated to them. Norris was doing well in school. At this time he was in the 9th grade at Plantersville Jr. High School and at the final, he had to go to summer school in order to make a passing grade in a math class in order to progress on to high school. Norris went to summer school at Tupelo High School. From the first day of high school, Norris was drawn to a gentleman that was a member of the Pentecostal holiness church. At this time, the Pentecostals was a movement that was fresh and most Baptist and traditional denominations thought them to be holy rollers and were just to leftist with the gospel, speaking in tongues and greeting people by saying "Praise the Lord." But again, Norris was drawn to this young man, and the young man witnessed to him about Jesus trying to convince Norris to have a stronger relationship with Jesus and not be taken away by temptations. Summer school lasted about two months and every school day the young man witness to Norris during school break times. Norris did not know at the time but this

young man's witness did not turn Norris from temptation right then, but had a profound effect upon him a few years later. Norris completed summer school and progressed on to high school located in Shannon MS. During the years of age fifteen through twenty- one, Norris normally did not attend church service. The job at McDonalds had Norris working many hours weekly. Norris worked the second shift six days a week and this combined with school and trying to have a little social life basically stunted his spiritual life. These years were spiritually dry years for Norris. But during these years God did not leave Norris. Norris needed God and was not satisfied without God. Norris went to Shannon High School for the tenth grade. Norris and George ran the road together. George was dissatisfied with his family life and with Shannon High so George and Norris transferred to Nettleton High School in Nettleton, MS. Norris also found it hard to find a girlfriend as some of the other boys his age did. George would often have girls around to have conversations with and to do the rest that goes with being a teenager. Norris had friends who were girls but not girlfriends. The one young lady named Mary was a girlfriend to Norris but was a dissatisfying relationship because her parents would not let her go on a date with him. George left school and went to the Navy. Norris still struggled with temptations, smoking cigarettes, getting high, girls, and school. Norris was on the school bus one day heading home and met a new girl to the neighborhood and she was white. Norris ended up having a sexual encounter with this young lady named Lisa which was his first. This happened about one month before Norris left to go to the army.

Norris had decided he wanted to go into the army when he was age sixteen. Norris was bored with his life style and wanted to do something different. Both Willie Jr. and Charles had enlisted in the Army and Norris wanted to go also. In the early 1980's armed forces policy was that if a parent signed for the enlisting person, that person could enlist at

age seventeen, normally a person could not enlist until age eighteen. This is the option that Norris took. Willie and Ruth really did not want Norris to enlist but because he wanted to go in, they signed for him. Norris' parents wanted him to stay home and go to college but this was not the path Norris wanted to take.

The military had a significant impact in Norris life even though he served only three years. Norris discovered and met his wife, developed his musical talent, he learned to run and he reconnected with God. Norris was stationed at Fort Gordon, GA for boot camp and initial MOS training. Norris was trained as Multichannel Communication Equipment Operator. After his MOS training was completed, he was stationed at Ft. Bragg, NC in the 52nd Airborne Air Defense Artillery Unit. Norris was stationed there for about fourteen months. During this time, Norris went skating one night and met the woman named Angela that would, after a year and a half of dating, became his wife. When Norris met Angela, she had a two month old son named Jamil. After Norris dated Angela for about six months, she conceived. While Norris was stationed at Ft. Bragg, life was a constant party. Norris and his buddies would party like rock stars, going from club to club and party to party. Norris bought a nice car and he would travel. Norris was transferred overseas to Germany and after being there about four months, a baby girl named Monique was born back in the states. Norris took leave to come home and see his baby girl and married Angela. When Norris was transferred to Germany, he had to slow down because he did not have transportation. Norris never went to church or gave God any of his time, but he did get the opportunity to visit the Musical recreation center a lot. In this recreation center there were drums, guitars, pianos, and other musical interments. Norris took the time to learn to play the drums and bass guitar. Norris also discovered he could sing, and joined a group that was formed through the recreation center. Norris was

one of the lead singers for the group which sang R&B. The group was so talented that they won the military post talent show and went on to the Euro finals but did not win. Throughout his military career Norris ran. In boot camp, the trainees started out running three miles and by the time boot camp was over, fifteen. At Ft. Bragg and in Germany, the military had Norris, along with other troops in the company, running. Norris adapted to running and to this day still run.

Norris left the military, and found God again. Norris rededicated his life to the Lord at the end of his military career.

After the military ended, Norris went back to Plantersville. Ms. Angela and the children were already there. Shortly after moving back, Norris felt the call to preach. Norris accepted the call in 1985 shortly after the birth of Norril his son. Norris found work at a factory in Verona that made hide-a-way beds. Norris worked across the work table from a coworker name Richard that literally educated him on the advantages of being in one's own business, and in turn, Norris witnessed to him about Jesus. Both made a profound impact into each other's lives. Richard had a better understanding of Jesus Christ, rededicated his life to the Lord, and started to going to church and Norris started moving down the avenues of being a business owner. Norris started in the merchandising business and eventually went into independent insurance sales. Norris and the family moved their membership to Morning Star MB Church in Verona, MS. Norris and family enjoyed the atmosphere of the praise and worship and the preaching. The pastor was a hooping preacher and Norris loved his preaching. Disaster struck when the pastor wanted to divorce his wife and start going with one of the women in the church. With this move all hell broke loose in the church. The deacons and some other members wanted the pastor out and some others members wanted him to stay but the pastor stated that, he was not

going anywhere. Some of the members started to boycott the church. The news media came out to the church because nothing like this had ever happened in the area before. This standoff between the deacons and members that did not want the pastor to leave the church came to a climax, when one Sunday the deacons were going to stand at the door of the church and not let the pastor inside. A scuffle happened and the pastor had brought a gun and shot it in the air and everybody scattered thus letting him in the church. This was when the law and court got involved and ultimately through the court decision, they could not run the pastor from the church so he stayed there.

In the mist of the hostile environment in the church, Norris and family decided to go and join Mt. Zion MB Church also located in Verona, Ms, the pastor was Rev. L.O. Caldwell. Shortly after joining, Norris was called to pastor East Springhill Nettleton in 1987, so Mt. Zion ordained Norris. Shortly after Norris accepted this pastorate, Jasreel, Norris' third son, was born. Norris preached at this church two times a month and the people loved the family and him. The chairman of the deacon was a man named Bro. Dilworth. Bro. Dilworth had great faith in Norris' ability to preach and the calling on his life. Norris enjoyed pasturing the church. Norris lead the church almost a year when Jasreel died of SIDS. The death of Jasreel had such an impact on Norris and the family that he resigned as pastor and moved to Phoenix, AZ. Norris did not realize it at the time but this decision changed the course of his life spiritually. Norris often reflects back and wonders what would have happened if he had of stayed at East Springhill, Nettleton, MS.

Phoenix was a fresh and new environment, just what was needed to complete the healing that the family needed. The move happened in January of 1988. Norris was involved in insurance sales and started going to school. The only education Norris had at this time was a GED that he had earned while in the military. Norris started attending

Grand Canyon University in the Biblical Studies program. Norris and family joined the St. John Institutional Baptist Church under the pastorate of Rev. J.D. Dunbar. The environment of St. John was much like Morning Star and the family enjoyed the church. Norris was also called to be the assistant pastor at Israelite Baptist Church right around the corner from St. John. Norris continued to sell insurance while in Phoenix and Angela worked at a mattress factory. The family maintained in Phoenix, Norris progressed educationally but was not able to complete his education. After Angela's brother-in-law died, the family moved back to North Carolina in 1992.

Dunn, North Carolina was a fresh new place to live. The Lipsey family settled on Broad Street. The great impact of living in Dunn was the fact that the family under the suggestion of Angela started singing together. Norris Lipsey & the Faith Garden Singers was the name of the group. Norris and Angela sang lead vocals, Norril age seven played the bass guitar, Jamil age ten played the drums, and Monique age nine played the keyboard. The group rehearsed many hours and learned to perform and please a gospel audience. The group toured locally and regionally. Norris saw the potential in the group and had many high aspirations. The group sang at many colleges, festivals, fairs and churches, toured with names like Joe Simon and others. The group sang with such greats such as Bobby Jones, The Williams Brothers, John P. Kee, and others. The group recorded albums three times, the first recording, "Born Again," was recorded in Charlotte, NC and sold well. The second recording, "Early Morning Sunshine," did well also and the experiences really helped to mature the production and studio experience of the group. The third recording was to be called, "Send the Anointing." It was completed but the group split before the release. The split up of the Faith Garden Singers was a deep hurt for Norris being that the group was family members. The family had scarified so much for the

singing that many bad feelings came between family members that would take years to sort out. The group ended prematurely but the structure that it brought to the member's lives on even now. Norris believes that the diligence and the sacrifice given is a source of their success today. Norril and Monique still pursue singing careers today and Norris hopes ultimately that one day the group will come together again and finish that last recording. Norris saw the group as a success but could not keep his family together. Norris wondered why God allowed other families to be together and sing together for years and years, whereas with his family soon as his children grew up, they left and sang with other people.

During the ten years of forming, performing, and managing the group, Norris was called to pastor a small church in Mt. Gilead for about six months. Norris and family had moved from Dunn, NC to Ellerbe, NC. After this, Norris and family became members of a church in Southern Pines, NC, and then another in Raleigh, NC. Each of the pastors ministries at the churches they were members at were rocked with accusations of infidelities with female church members even thou the pastors were married.

In 1999, Norris started back to school at University of North Carolina. After the group split up, Norris started to pastor a church. Norris found a church in Lumberton, NC in March, 2002 that called him to pastor. Pleasant Meadow MB Church and Norris was not a good match from the start. Norris had won the church by one vote. During his tenure at the church, Norris graduated from UNC with a bachelor's degree in Religion. Norris and the head deacon at Pleasant Meadow had problems working with each other and ultimately, Norris had to leave the church after one year. This was a heart break for Norris. When Norris was called to the church, there were seven other churches in that area that

called pastors and out of all those pastors, Norris was the only one that had to leave his church and Norris wondered "why me."

After this experience, Norris decided to start his own church. Faith Garden Tabernacle (FGT) was started in a previous member of Pleasant Meadow, Mr. & Mrs. Graham's, living room. FGT was started in 2003 and after the home experience; the church services started in a recreation center in downtown Lumberton and progressed from there to a store front down town. In the store front, after almost two years, the church had grown to a membership of over seventy-five people. Trouble started when the two main deacons accused Norris of flirting with a woman and walked out of the church. Shortly after this Norris and Angela started having trouble in the marriage and Angela stopped going to the church. Norris, after other trouble, let the church dissolve. Reflecting back on this, Norris sees now that if he had to do it all over again, he would have kept the church open.

The next seven to eight years are years that Norris was in the process of being brought out. Norris and Angela separated in September of 2003. Norris was very troubled with God and wondered why God allowed him to go through the failures that he did. Norris rebelled somewhat against God. Norris had always wanted to ride a motorcycle and got one. Norris was heavy into motorcycle riding which was not wrong. Norris was trying to just live and not be concerned with trying to follow dreams and visions because it seem like every time he got hooked into a vision, it would fail for him and he would be hurt. During this time Norris changed careers. The writer was chosen by the mental health field. In 2003, the writer met a gentleman while the family was out on the singing engagement, Norris and the gentleman became good friends. In 2004 Norris was ready for a career change from working as an independent insurance agent. Norris asked the friend if he

knew where he might be able to find a different type of work in the friend advised him to put in application with a friend working. Unbeknownst to Norris this would be his first mental health job in the beginning of a mental health career. Norris was hired at New Directions Health Care Services as a direct care worker with children with mental health behavior problems. Norris would provide interventions for the child that would assist the child in coping and finding solutions for the mental health behavior problems. Norris performed this work for about seven months and then was promoted to agency clinical director. Norris not only managed the behavioral health direct care workers but also managed to direct care workers for assisted living services for adults. After working for about a year, Norris went back to school in 2005 and received his Masters degree in 2008. In 2005 Norris moved on from New Directions, and became the director of Substance Abuse Services at Southeastern Regional Mental Health Center in Lumberton, North Carolina. The ARC was a fourteen day residential services program that housed twelve individuals that were suffering from substance abuse and possibly other mental health issues. The program provided a place where substance abusers could start the process of becoming clean and sober. The program provided counseling, networking, and resourcing. Norris directed this program for over two years until the program was terminated by the state. Since that time Norris has worked with other agencies as Director, Qualified Mental Health Professional, Qualified Substance Abuse Professional and substance abuse counselor. Norris also owned a mental health staffing agency that supply training and classes to company workers that were outsourced to several mental health private agencies.

Norris started attending First Baptist Church in Fairmont, NC, the first church in the town where Norris was director of a health care agency in 2008. Angela divorced

Norris in September of 2009. Norris joined the church in August of 2008. Norris was very busy in the activities of First Baptist. Norris started playing drums for the music department and then after training a youth to play drums, started to play the bass guitar. Norris also sang on the praise team, preached when assigned by the pastor and was the lead instructor for the new member's class.

Norris worked in the community and the mental health field, notice that more and more people in the community was signing up for mental health services and a great number of them has been diagnosed with clinical depression. Clinical depression is a psychological diagnosis that if a person is sad, gloomy, or have just a negative outlook on life for two weeks or more and this feeling of takes their everyday living man that person can be diagnosed as clinically depressed. Norris began to notice that many of the people that were coming to the agency and being diagnosed and approved for services, some were members are would attend the church where Norris was a member. Even with this fact, Norris notices that the church provided no information, no resources, or programs to assist those attendees that had specific mental health issues. There was no training of the church leadership or staff giving them more knowledge of the plight of persons with mental disabilities, and the church was not a place that welcomed people with mental disabilities. This was the catalyst for Norris' ministry focus.

Context-Geography, Demographics, and History

The Fort Bragg Military Base, Pope Air force Base, Goodyear Tire Company, Purolator, Wal-Mart Distribution Center and Cape Fear Valley Health System are but just a few of the major companies that line the streets of the writer's Context. Norris' Context consist of the city of Fayetteville, NC and its metropolitan area which consists of Eastover, Falcon, Godwin, Hope Mills, Linden, Spring Lake, Stedman, and Wade.

Fayetteville is the county seat of Cumberland County, NC and is the most heavily populated city in the Sand Hills or the southeastern part of the state. The city of Fayetteville itself have a population of 205,678 and the Metropolitan area has a population of more than 374,000 people making Fayetteville the fifth largest city in the in the state of North Carolina. Today the population is on the rise with the influx of troops coming from other bases that are closing across the United States.[1]

The national civic league has named Fayetteville an All American City, more than any other city which is a total of three.[2] The most recognized highlight of Fayetteville is the Fort Bragg military Base, which had its beginning in 1918 when the federal government approved its construction. The Northwest part of the city was where the foundation was placed. Fort Bragg along with Pope Air force Base has helped Fayetteville to grown in population and become a major in roads for troops and civilians. To date, Ft. Bragg is the largest military base in the US and has help greatly to boost the economy of the area. Sociologist argues that without Ft. Bragg the population of Fayetteville would not have reached much more than 10,000 people.[3] With Ft. Bragg and Pope Air force Base as the catalyst, the economics of the metropolitan Fayetteville area have soared over the past forty years.

As mentioned perversely, the major employers in Fayetteville are: Cumberland County Schools, Goodyear Tire Co., Cape Fear Valley Health System, Cumberland County Government, Purolator, and Fayetteville Technical Community College.

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[1] Wikipedia, "Fayetteville," Wikipedia the Free encyclopedia, http://en.wikipedia.org/wiki/Fayetteville,_North_Carolina (accessed April 20, 2011).

[2] Ibid.

[3] North Carolina History Project, "City of Fayetteville." http://www.northcarolinahistory.org/encyclopedia/125/entry (accessed April 20, 2011).

Combined with the two military installations, these employers create the backbone of the metropolitan area's economy. Fort Bragg and Pope Field alone injects over $4.5 billion a year into the area economy. Spawned from income escalation, Fayetteville now serves as a major hub for restaurants, lodging, heath care, entertainment, and shopping. Fayetteville has more than 1,500 retail shops, more than 400 restaurants, and more than 600 banks, real estate agencies and insurance agencies.[4] Even the Fayetteville Airport is on a growth path. The Federal Aviation Administration records, the airport had 202,597 passengers boarding's (enplanements) in calendar year 2008,[5] and increased that number to 258,986 in 2010.[6]

Fayetteville is the county seat for Cumberland County. Fayetteville metropolitan area covers parts of Hoke, Harnett, and Roberson counties. "Fayettevillians"[7] is the prevailing name for the residences of Fayetteville and its metropolitan area. The writer has been living in the metropolitan area of Fayetteville for about five years. Norris at this time is very excited about the possibilities that Fayetteville area has to offer for the ministering of the gospel.

In order to get a clear picture of Fayetteville, the writer will cover some history.

Fayetteville has a rich history extending back preceding the Civil War. The city of Fayetteville had its origins in the immediate 1700s with the formation of two settlements. In 1755 the town of Cross Creek was formed, and in 1762 the town of Campbell ton was

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[4] Fayetteville, NC. http://www.visitfayettevillenc.com/community/fayettevillefacts.html (accessed 10/2012).

[5] FAA Airport Master Record for FAY, 2012 "Enplanements for CY 2008", Federal Aviation Administration, http://en.wikipedia.org/wiki/Fayetteville_Regional_Airport (accessed April 21, 2011).

[6] Ibid.

[7] Ibid.

established near the Cape Fear River. In 1778, the two towns united under the name of upper and lower Cambelltown, and in 1783 took the name of the "Fayetteville." Marquis de Lafayette, a supporter of the American Revolution is the person Fayetteville was named after. The two towns were initiated by the North Carolina General Assembly as merchant towns on the Cape Fear River that would secure trade with the frontier country and halted the use of the Pee Dee River for transport of goods down to Charleston SC. The main residences of Fayetteville were poor whites and freed blacks. In 1825 Marquis de Lafayette actually came and visited the city that was named after him.

The Siouan Native American people were among the first to inhabit the area of present day Fayetteville. This group included the Eno, Shakori, Waccamaw, Keyauwee, and Cape Fear Indians. For more than 12,000 years, these cultures occupied this area and were successful. Settlement of the Upper Cape Fear River basin was the focus of Fayetteville. The English were encouraged to live in this area after the Tamasee and Tuscarora Wars during the latter 18th century because the Cape Fear was the only navigable waterway within the entire state.

Fayetteville served as the hub of North Carolina plank roads project during the 1850s. The Plank Roads were keys to overland travel. The most traveled plank road in NC was Western Plank Road that was completed in 1854. This plank road covered a distance of 129 miles, and connected Fayetteville to Salem. Prior to the Civil War, trade and commerce flourished in Fayetteville, with naval stores, flour, lumber and wheat passing through on their way to Wilmington.

Fayetteville has been important in the annals of American History. Scottish heroine Flora MacDonald rallied for the loyalist cause while the Liberty Point Resolve of 1775 pledged local support for the Revolutionary War cause for independence from England.

During the late 1700s after the American Revolution, a growing Fayetteville in many ways became the political center of the state. A new courthouse and a new jail opened in 1786. *The Fayetteville Gazette*, the city's first newspaper began in 1789. In 1786 the North Carolina General Assembly convened in Fayetteville and named delegates to the 1787 Constitutional Convention. In 1788 North Carolinians considered making Fayetteville the state capital, and in 1789, the General Assembly met there and chartered the University of North Carolina, ceded the state's western lands to Tennessee, selected the state's first two United States Senators, and eventually ratified the Constitution of the United States. The North Carolina General Assembly continued meeting in Fayetteville until the legislative body moved in 1794 to conduct business in Raleigh.

During the nineteenth century, Fayetteville experienced substantial economic growth and served as a regional entry port of goods and services and ideas. The inland port town contained a courthouse, churches, lawyers' offices, banks, dancing clubs, taverns, mercantile businesses, bookstores, and newspapers. In its limits were also several church-affiliated academies and a Masonic lodge. For entertainment, people joined dancing clubs, attended Thalian Society (founded 1814) musicals and dramas, and watched horse races. The great fire of 1832 destroyed much of downtown Fayetteville, but the citizens diligently replaced many of the wooden structures with brick buildings. The Market House, an imposing building with its Moorish arches surrounding its base, was completed in 1833; today the Market House is a must-see for any tourist, for it symbolizes old Fayetteville. The United States Arsenal was constructed at Fayetteville in 1838, and by the 1850s, its campus spread across forty acres.

During the last year of the Civil War (1861-1865), General William Tecumseh Sherman's 60,000 troops spent two days in Fayetteville. On March 12, 1865, Sherman

ordered the burning of the federal arsenal, and before the Billy Yanks left town, they destroyed foundries, cotton factories, and newspaper establishments. During Reconstruction, Fayetteville was a pioneer and leader in African American education: three schools operated in the 1880s, and the Howard School, established in 1867, evolved into Fayetteville State University.

Now the writer will present some general information so we can get more familiar with Fayetteville.

In the twentieth century, many new stores and shops were built downtown. In 1916, the first skyscraper, a five-story department store operated by the Stein Brothers, jutted into the Fayetteville sky. In 1918 the federal government authorized the construction of Camp Bragg to be to northwest of the city. The largest Army base in the country, Fort Bragg and Pope Air Force Base has boosted the local economy and is almost synonymous with Fayetteville. Many argue that without Fort Bragg, Fayetteville might have grown only to be a small town of ten thousand.

Fayetteville's growth during the last fifty years has produced an ambivalent response. During the 1960s, Fayetteville's main streets, Hay Street, with it strip joints and bars that catered to the military, was considered sleazy, and with the Vietnam War in full swing, the city was derogatorily called "Fayttenam." By the 1980s, Hay Street had been revitalized, but it has not yet rebounded to surpass the sales of the suburban strip malls and shopping centers. Today, over one hundred subdivisions, including King's Grant, Tallywood, Vanstory Hills, and numerous shopping plazas and malls dot the map of Fayetteville. Some of the first retailing complexes were Eutaw Shopping Center, constructed on Bragg Boulevard in 1948, Boudreaux Shopping Center, built on a former vineyard in the 1950s, and the Westwood Shopping Center, erected in the 1960s. The

large and indoor Cross Creek Mall opened in 1976. In all, the city's retail sales have skyrocketed during the post-war years: $44 million in 1948, a half billion in 1972, and one billion in 1982.The increase in sales reveals the constant population growth of the city. In 1930 Fayetteville's population was 13,309. By 1940 the population grew to 17,428, (forty-percent African American). Population growth also resulted from the city expanding its boundaries; after the post-World War II suburban sprawl, city leaders decided to annex over a hundred subdivisions. In 1980, Fayetteville residents numbered 60,000 and their number more than doubled to 121,015 by 2005 and comprised North Carolina's sixth largest city.

In addition to its service industry and military bases and growing population, Fayetteville is known for its institutions of higher education. Founded in 1867 to educate freed slaves, Fayetteville State University, has a current enrollment slightly surpassing 5,000 and offers numerous graduate programs. Methodist College, a four–year liberal arts college established in 1960, educates approximately 2,000 students. Fayetteville Technical Community College opened its doors in 1960 and now has over 7,000 full and part-time students.

Fayetteville is also known for its cultural arts. Following World War II, the city formed the Fayetteville Symphony in 1957 and the Fayetteville Little Symphony in 1962. The Fayetteville Museum of Art was established in 1972. Fayetteville can boast of several radio stations, two television stations, and the *Fayetteville Observer*, founded in 1835 and the state's oldest operating periodical. Fayetteville is also home to the Cape Fear Museum of History and the recently opened Airborne and Special Operations Museum in downtown Fayetteville.

According to the United States Census Bureau, the city has a total area of 60.0 square miles (155 km^2), of which 58.8 square miles (152 km^2) is land and 1.2 square miles (3.1 km^2) is water. The total area is 1.98% water.

Fayetteville is in the Sandhills of North Carolina which are between the coastal plains and Piedmont of North Carolina. The area's sandy soil is evidence of a former coastline that existed approximately 20 million years ago. The city is built on the Cape Fear River, a 202 mile long river that originates in Haywood and empties into the Atlantic Ocean. Carver's Falls, the largest waterfall (measuring at 150 feet wide and two stories tall) between the coast and foot hills is also in Fayetteville.

Fayetteville contains a humid subtropical climate with mostly moderate temperatures year round. Winters are cool, but occasionally cold with snow occurring few days per year. Summers are hot and humid with high humidity (which can make temperatures feel very unpleasant) and frequent severe thunderstorms and rain showers. Temperature records range from −1 °F (−18 °C) on January 21, 1985 to 110 °F (43 °C) on August 21, 1983, which was the highest temperature ever recorded in the State of North Carolina.

The largest employers in Fayetteville are: Fort Bragg, Cumberland County Schools, Wal-Mart Stores & Distribution Center, Goodyear Tire Manufacturing Plant, Cape Fear Valley Health System, Cumberland County Government, Purolator and Fayetteville Technical Community College.

The Fayetteville area has a large and growing Defense Industry and was ranked in the Top five Defense Industry Development areas in US for 2010. Eight of the ten top American defense contractors are located in the area, including Lockheed

Martin, Boeing, Northrop Grumman, General Dynamics, and L3 Communications. The city hosts Partnership for Defense Initiatives (PDI), a non-profit organization that works with government, academia, and private industry to develop defense solutions. The PDI sponsors an R and D laboratory and a Defense Security Technology Accelerator (DSTA), a statewide program to assist new companies in developing their products.

Cumberland County Schools' headquarters are located in Fayetteville, and the schools serve all cities and towns of the county. CCS operates a total of eighty-five schools, fifty-one elementary schools, sixteen middle schools, ten high schools and nine Alternative and Specialty Schools including, one year-round classical, one evening academy, one web academy, and two special schools. Cumberland County Schools is the 4th-largest school system in the state and 78th-largest in the country.

As of the census of 2010, there were 200,564 people, 48,414 households, and 31,662 families residing in the city. The racial composition of the city was: 42.74% White, 49.76% Black or African American, 5.67% Hispanic or Latino American, 2.19% Asian American, 1.1% Native American, 0.22% Native Hawaiian or Other Pacific Islander, 2.53% some other race, and 2.78% two or more races.

There were 48,414 households out of which 31.8% had children under the age of eighteen living with them, 44.7% were married couples living together, 17.1% had a female householder with no husband present, and 34.6% were non-families. 28.2% of all households were made up of individuals and 7.8% had someone living alone who was sixty-five years of age or older. The average household size was 2.42 and the average family size was 2.96.

In the city the population was spread out with 25.4% under the age of 18, 12.7% from 18 to 24, 31.2% from 25 to 44, 19.7% from 45 to 64, and 11.0% who were 65 years

of age or older. The median age was thirty-two years. For every 100 females there were 91.9 males. For every 100 females age eighteen and over, there were 88.7 males.

The median income for a household in the city was $36,287, and the median income for a family was $41,210. Males had a median income of $30,493 versus $23,477 for females. The per capita income for the city was $19,141. 14.8% of the population and 11.7% of families were below the poverty line. 21.4% of those under the age of 18 and 14.4% of those sixty-five and older were living below the poverty line.

On September 30, 2005, Fayetteville annexed twenty-five square miles (70 km^2) and 46,000 residents. Some affected residents and developers challenged the annexation in the courts, but were ultimately unsuccessful. The exception was the very affluent Gates Four neighborhood which won its case against annexation despite the annexation of all surrounding neighborhoods.

Founded in Wade in 1758, Old Bluff Presbyterian Church is one of the oldest churches in the Upper Cape Fear Valley. The fourth Sunday of September each year is the annual Old Bluff Reunion; it is open to the public. Bluff Presbyterian Church maintains a detailed history at their website.

Since then, hundreds of houses of worship have been established in and around Cumberland County, including Catholic, Baptist,

Pentecostal, Methodist and Presbyterian churches, which have the largest congregations. Fayetteville is home to St. Patrick Church, the oldest Catholic parish in the state.

The Context Facilitation

Cape Fear Valley Medical Center was the landmark where in the early nineteen hundreds a group of loyal believers came and began meeting in a one room building. This

building was used by Negro children to receive training for six months during the year. The group of believers met in the building once a week and began a Sunday school class to study the word of God. Three young men initiated this endeavor, Mr. Seavy Lewis a farmer, Mr. Andrew Newkirk who was a letter carrier in Sampson County before moving to Cumberland County, and Henry McAllister, also a farmer. These three men had a strong belief in the spiritual and mental growth of children and adults, believe in strong family bonds and worship within the home, and had a strong desire for a place to worship and praise God. From the endeavor of these three men, Lewis Chapel Missionary Baptist Church was formed in 1911. The church was named after Mr. Lewis and Rev. William McGuire was called to serve as the church's first pastor from 1911 to 1913.

The period of 1911 to 1936, the Lewis Chapel family calls this the planting and watering era. During this period the church had seven pastors, developed its Sunday school and its first Church clerk. The church also directed his first building on its present site and purchased other real estate property. The church develop its first children's ministry, senior ushers and in 1932 a fire destroyed the church edifice but the members gather together and erected another facility on the same site.

1937 brought a new era as the Lewis Chapel church family secured its first long-term pastor. After World War I had passed and rumors had began concerning World War II, Lewis Chapel church called Rev. Robert L. Carr in 1937.

Rev. Carr made great strides with church. Rev. Carr began contributing monies to foreign missions such as Lott Carey Foreign Mission Convention. Under his leadership in addition of a vestibule into classroom; purchase of a church bus; colored glass windows were added to the church structure; outdoor bathrooms and propane gas heaters were installed. The home and foreign missionary Circle was organized in the early 60s. New

deacons were installed, requires were formed, the first Board of Trustees was formed in 1970; in 1971 a concrete baptismal pool was erected on the church grounds. New preaches were licensed to preach. In 1971 the church began to collect monies to build a new building because of the increased membership. Because the church was interested in securing a full-time pastor, Rev. Carr resigned as the pastor of Lewis Chapel Baptist Church in June of 1973 and in July of 1973 Rev. John D. Fuller, Sr. was called to as the full-time pastor of Lewis Chapel Baptist Church.

Pastor Fuller a native of Thompson Georgia began his duties in October 1973. Pastor Fuller was a former pastor of Baptist Union Missionary Baptist Church in Hope Mills, North Carolina and Beauty Spot Missionary Baptist Church in Fayetteville, North Carolina. When Rev. Fuller began his ministry at Lewis Chapel the church had less than 100 members and collected less than $140 in the first offering. Within the first six months after taking leadership of Lewis Chapel over seventy-five people had joined the church and Rev. Fuller asked the church to follow financial biblical principles when giving by paying tithes and offerings eliminating paying dues and having fundraisers.

It would seem that calling a Rev. Fuller to Lewis Chapel Baptist Church was in the according to the plan of God. The church immediately started to increase with members, financially, and expanded ministries. Although the church added many sold within the first six months after Rev. Fuller came to Lewis Chapel, in 1974 the church began the process of building a new facility and was completed in the same year. By 1980 the budget of the church had reached $115,000. In 1981 the vacation Bible school had a record attendance averaging 440 students daily over the ten days. Also in the same year the church held its second largest baptismal under Pastor Fuller baptizing twenty-six people. In 1984 the church increased its membership by 142 persons and had over

$264,000 in contributions. By 1986, the church had five choirs, a departmentalized Sunday School, Christian Education department, Mid-Week Senior Citizens' Program, Day Care Center, Mid-Week Evening Prayer Service, four Usher Boards, singles' Ministry, Laymen's League, Prison Ministry, food and clothing pantry, Pastor's Aid, Deacon and Deaconess Ministries, Trustees, Seniors, Young Adults, and Youth Missionary Departments, a new sanctuary, and the addition of an Education Wing and a church budget of $350,000. By 1992, Lewis Chapel had a new 1000 seat sanctuary, property in excess of $4 million, approximately 1800 members, and annual budget of $1 million. And moving forward by the end of December 2010, the church's membership reached 4410 members with an annual budget of $3,677,000.

In order to accommodate and keep the interest of over 4000 members, Lewis Chapel has an abundance of ministries.

Beginning with the department of athletic, Lewis Chapel has a softball league, baseball and soccer team. The church also has a bowling league.

The church has a Board of Trustees and trustee's ministry also they provide transportation ministry. The church is involved in a number of civic activities such as the NAACP, and a number of County commissioners, counsel man, senators, justices, magistrates, are members of net Lewis Chapel. In the area of communications, Lewis Chapel also has it own newspaper called the Lewis Chapel encounter and its own website at www.Lewis Chapel.org. The church has a technology ministry that handles the church's technology efforts and is website. The church offers an audio and video ministry. Lewis Chapel offers a Congregational care and counseling Ministry sponsored by the church ministers and deacons. The long-term harm faith and Chadian ministry that handles the state and chat and members at Lewis Chapel. The Woodland assisted living and

rehabilitation Center is one of the outreaches of Lewis Chapel. Ashton Woods' ministry is a ministry that reaches out to the homeless. The bereavement aftercare ministry event cards and letters to the families that have lost loved ones with him. The widows and widowers support group. The breast cancer support group; the church also sponsors a married couple's ministry, college and university liaison ministry, and overseas away ministry. The church also facilitates a prison ministry, a new member orientation committee and membership intake counselors. There is a day care ministry, a deacon board/deacons ministry, and a deacon's spouse ministry. The church has a department of Christian education which handles the Sunday school, vacation Bible school, nursery ministry, children's church ministry, church training union, faith development, senior citizens prayer meeting and Bible study, black history observance, Saturday Academy, youth ministry, and praise dancers, women's ministry, singles ministry, special needs and help initiative ministries, and international children's outreach ministries. There is the evangelism committee; Lewis Chapel also supports the first Spanish missionary Baptist Church located in the Lake rim community. There is a floral ministry, the helping hands ministry, and interfaith homeless ministry. In 1996 the church security and urban development housing grant for $2.8 million and the church built the J. D. Fuller Place apartment complex, which has a total of forty-seven units that was built for assisted living for the elderly.

The John D Fuller, senior recreational/athletic complex opened in April 2005 and is a 36,000 ft.^{2} multifunctional, year-round community facility designed to accommodate a barrage of local, regional, and national events and activities.

The church sponsors a layman league, the lighthouse Club, and Memorial scholarship fund/educational grants are also ministries at Lewis Chapel Church.

One of the larger ministries of the church is the music Department/Music Ministry. The music Department consists of the senior choir, the junior choir, the gospel choir, the mail course, the young adult choir, the youth for Christ choir, the inspirational singers, senior high voices choir, John D Fuller ensemble choir, the senior inspirational gospel choir (CA. Master choir), the new millennium choir, the praise team, the Lewis Chapel missionary Baptist Church orchestra, and the performing arts ministry. Other ministries the church sponsors also includes the nurses peeled/Health Services Minister, the pastors support ministry which includes; the pastors aid auxiliary, mothers board, and Pulpit support ministry. Lewis Chapel also sponsors the scouting ministry which consists of: Boy Scouts of America Troop twenty-nine, Cub Scout pack twenty-nine, and a Girl Scouts troop includes Junior Troop 804, and Cadet senior Troop 1458.

Through the years, over 100 sons and daughters of the gospel have initiated their ministries at Lewis Chapel and have been mentor by Pastor Fuller. The tutorial center/the Torah ministry also assist with tutoring efforts at the church. The ushers ministry which consist of: singing ushers, junior ushers/youth ushers, young adult ushers, male ushers.

In final, the writer will mention some of the highlight ministries of the church such as the Ricks Institute of Liberia Africa. In 2010 Lewis Chapel missionary Baptist Church partook of a mission trip to Liberia. After visiting the campus of ricks Institute in seeing the damage that had been done to it from the civil war that happened in Liberia in 1989, pastor Fuller in the Lewis Chapel church family contributed funding to the Institute on an annual basis in order to help it to become fully operational and self-sustaining. The Rev. Dr. Allawi EQ Min J is the chief operations officer, a graduate of Duke University.

The second campus of Lewis Chapel was purchased on March 2000 and dedicated in June 2000 and as Lewis Chapel missionary Baptist Church-West. The West campus is

located at 468 Hopson Road, Raeford, North Carolina. The West campus of Lewis Chapel is pastored by co-pastors Rev. Christopher Stackhouse and Rev. Reginald Wells. The campus has 8:30 AM, and 11 AM worship services.

The third campus of Lewis Chapel was dedicated in February of 2012 as Lewis Chapel Missionary Baptist Church-North. The North campus is located at 103 West Main Street, Spring Lake, North Carolina. The North campus of Lewis Chapel is pastured by co-pastors Rev. Gary Davis and Jeffery Staffold. The campus has 11:00am, Sunday morning worship service.

Synergy

From the time the writer first announcers his calling to preach the word of God, the writer's path to the pulpit and beyond has been filled with challenges. The writer recalls that the road from member to preacher and the path that the preacher has to take has been quite difficult and timely. Facing difficulties from the initiation of his call to ministry by his pastor not allowing the writer to preach his initial sermon at his home church where he was brought up all of his life, having to take membership at a different church to preach his initial sermon and then afterwards the pastor there being in the middle of controversy and scandal causing a section of the members to boycott the church. The writer has a gift to preach the word of God. The writer's preaching is anointed, powerful, and dynamic. When people experience the preaching that the writer has to offer, their lives are changed.

The writer's ultimate desire is to propel his preaching to the national level. Up to this point in his life, the writer has always experienced obstacles that have slowed this process of being a nationally known gospel preacher and singer.

During the writer's preaching and singing career thus for, the writer seems to run across individuals that become jealous of his gift, or wants to exploit him. It is just

recently that the writer has come to run into people within the church world that is willing and able to help him to reach his goals.

The writer was raised in and around Tupelo Mississippi, and during the years of the writer' upbringing in the mid-60s and 70s, the writer was baptized and joined the New Zion Missionary Baptist Church at the six years old. The writer was brought up under fiery, powerful and exciting Mississippi style preaching southern Baptist preaching. The writer still presents the same style of fiery, authoritive, and life-changing preaching from that era in his ministry today. Everywhere the writer gets the opportunity to preach, people's lives are help and changed through his southern style gospel exegesis of scripture, delivery technique and the allowance of the power of God to flow through him.

The writer believes in the style of preaching that derives from, " it takes a village to raise a child." this cliché comes from the old adage that in the process of raising a child, the child's family or parents is not the only ones that give direction or leadership to the child but the child's adult neighbors, friends and extended family had just as much right to direct, lead and discipline the child as the parents did. The writer believes in that preaching that brings people together, that puts people on the same level with one another, that encourages people to look out for, protect and love one another as they strive for a closer walk with Christ.

The writer possesses a laid back, relaxed demeanor that allows people to approach him and not feel intimidated. This attribute along with other life experiences aids the writer in the pursuit of vision when vision is given to him. The writer's experience in ministry and life allows him to be able to know what people are experiencing. After the writer started preaching, the writer was called to pastor a church, then was called to the assistant pastor of a church, has been and now is a college student, has worked in

manufacturing, merchandising, insurance sales, marketing, middle management, upper level management and business ownership. These mentioned experiences coupled with the writer' present nine year's experiences in the mental health field, and the gift of the Holy Spirit has lead the writer to be a "problem solver." The writer is able to help people find the right course of action. This also helps the writer to have a bold focus as to the leading of God.

The writer understands that he must be true towards the word of God, and this truth is not only gained in personal saturations, but also personal study. The writer understands that in order to help the clinically depressed, those with anxiety, and other mental disabilities, the love of God most truly flow through his life. The writer understands that walking in the light of God is the only way to scatter the darkness.

The writer's clinical and professional training has given him a better understanding with the mental health context of himself. The writer has come to know how clinical depression can grip someone through negative mishaps and disappointments of their environment. The writer has been able to communicate his feelings, expectations, and disappointments in the goings-on of pastoring, business start-ups, and ventures that did not meet the expectations of the writer's hopes and goals. Not only through his own training, but through his own experiences, the writer has been made more sensitive to others with mental health issues.

The writer' context lies in the city of Fayetteville, NC. The economy of Fayetteville is heavily impacted and boosted by the presence of a major military base. The city has grown from what economists has determine would have been a small town of less than 10,000 people, but yet because the military presence the city has grown to be one of the most populated metropolitan areas in Southeastern North Carolina. Because of the

presence of the military, one can see "the revolving door" effect; people are always moving in and out of Fayetteville. The context sits on a campus that is located about three miles south of the borders of Fort Bragg.

Each Sunday morning between 3500 to 4200 people attended worship services between the three campuses of Lewis Chapel. The main campus, which is the focus of this project, facilitates 3000 to 3500 persons of this population. The majority of the church's congregants fall between the ages of forty to seventy which are roughly about 60 to 70% of the congregation. These numbers also demonstrate for us a congregation that is within their prime income bearing years. It should be no surprise that the income for the church over the last few years averages around $3-$4 million. The church also represents a heavy active and retired military population. The population of the church also represents a higher echelon of college educated people therefore noting a population of congregants that are highly informed as to current events, trends, and needed improvements, as many of the congregants that attend Lewis Chapel occupations are self-employed, management, upper management, and high responsibility positions.

There is a gap within the population of the congregation between the ages of eighteen to thirty-five. But this is not just a situation at Lewis Chapel but is the situation with many Baptist churches. This age group often seeks out nondenominational or Pentecostal churches that often are more geared towards the needs and energy of this population of people.

The church also has a vibrant population of young adult, adolescent, and youth. Within this these demographics, the writer will execute the gifts of God that he has. He will have an effective deliverance ministry within this context, within the city and the world. The writer desires to have great impact with the city and the metropolitan area. The

writer will preach the word of God with dynamic delivery and strategic outcomes. The writer will deal with poverty, homelessness, mental disability, drug usage, job loss, violence, and education to helpfully affect the people of the community with positive outcomes. The writer is strong about his calling from God and knows that God is using him.

CHAPTER TWO

THE STATE OF THE ART IN MINISTRY

The context church is seeking to empower itself to a greater awareness of mental health issues in order to demonstrate the love of Christ to all people. As the numbers of people continue to increase who have mental health issues, the church wants to aid in the liberation of this population.

Mental Health in the Bible by Daniel J. Simundson explores the parameters of those that have mental illness and the love that is shown by God and the church towards them, and gives some explanations as to how improper reading of the Bible can attribute to mental illness. This book gives example of how the modern church should treat those with mental illness.

Dan G. Blazer writer of *The Depression Epidemic* gives an explanation to what depression is, why it is spreading so rapidly and why so many people are diagnosed or have had depression within their lifetime. A vast majority of people that are present in church each Sunday have dealt with or have some mental health issue right now. The article explains different techniques that the church can use to give social support and spiritual meaning to the depressed person and the common types of medications taken to diminish mental illness symptoms.

Justin J. Meggitt's intriguing writing *The Madness of King Jesus*: *Why Was Jesus Put to Death, but His Followers were not* gives rise to the most thought provoking question, why was Jesus killed but his followers were not? Jesus was not the only person

of his time and culture to be known as a kingly pretender. In most instances when the Roman government apprehended any kingly pretender, the Romans would also track down all of the pretender's followers and all would be put to death. A remarkable picture, in Jesus' case, is why he was put to death but yet his followers were not. He alludes to the fact that the Romans most likely thought Jesus to be a diluted lunatic. This commentary helps us to understand the depth of mental illness on the culture of the New Testament.

Melancholic Madness and the Puritans by John F. Sena gives some explanation of contrive of a separatist group called the Puritans during the seventeenth and eighteenth century. The English church tried to understand why the separatist group of Puritans could not understand the motives of the church. Eventually after discussion and debates between the 17th and 18th century's physicians and laymen alike came to believe that the Puritans suffered from a psychological disorder, rather than just blatantly committing the sin of separating from the holy church. The church labeled the Puritans and separatist tendencies were derived because of the psychological condition called, "melancholy" helping us to understand the impact of mental illness upon certain groups in the history of the church.

Stanley Coren, Lawrence M. Ward, and James T. Ennis in their book *Sensation and Perception* provides a theoretically balanced introduction to the study of basic physiology and sensory responses. The authors survey a broad range of topics and present different theories and perspectives in controversial areas to give us a better understanding of why improper perceptions can cause mental illness.

Religious Insanity in America: *The Official Nineteenth- Century Theory* by William Sims Bainbridge gives insight as to the rise of a mental condition called religious excitement during the 19th century. Through critical analysis of data gathered from seventeen asylums consisting of 2,258 inmates from the 1860 census gives opportunity to

study the allegations that religion was a cause of insanity, giving some insight as to the impact of mental illness in the history of this country.

Roy Porter in his book *Madness: A Brief History* gives some thought regarding who qualifies as insane, what causes mental illness, and how such illness should be treated has varied wildly throughout recorded history, sometimes veering dangerously close to the arbitrariness the book describes and often encompassing cures considerably worse than the illness itself demonstrating why the modern church should be more fluent in invoking the healing power of God in efforts to bring healing to the mentally ill.

Investigating in Mental Health by The World Health Organization gives the prevalence of mental health and substance-dependence problems in adults and children; it is not surprising that there is an enormous emotional as well as financial burden on individuals, their families and society as a whole. The economic impacts of mental illness affect personal income, the ability of ill persons – and often their caregivers – to work, productivity in the workplace and contributions to the national economy, as well as the utilization of treatment and support services for the mentally ill.

Samuel Proctor in his book *My Moral Odyssey* explains that in a world of complex choices, it is important that a man have a strong development of moral standards. This book gives a view of how his moral consciousness was developed from childhood and onward. Proctor covers how his personhood was discovered and shaped and introduces us to the life of the mind. Proctor covers his college and seminary days, his work as an educator and pastor, and other aspects of his moral integrity. As the modern society is being separated by declining values, this book gives us inspiring guidance for revitalization and gives us good reason why each Christian needs a strong theological foundation helping us to stay strong in our pursuit to assist the mentally ill.

The American Psychiatric Association's labor-intensive *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV)* gives in-depth knowledge of the classifying of mental disorders. In the United States simple classification began after the 1840 census and by 1887, seven categories of mental illnesses had been developed. Later the United States Army developed a more comprehensive system of classification in order to deal with World War II servicemen and veterans. This manual was put together as a document by the help of more than 1000 individuals. These individuals were put together as part of a task force to make this DSM-IV possible. This DSM-IV revision was revised with a combination of thirteen workgroups experts in their respective fields. This manual is the standard for issuing diagnoses of mental disorders.

H. Thompson Prout and Douglas T. Brown in their book *Child and Adolescent Counseling* gives emphasis on child and adolescent mental health counseling and psychotherapy. The book highlights in a comparative format psychological treatment of children in major theoretical views. The book covers historical perspective, mental health needs of children and adolescents and need for services, developmental issues, the adolescent phase, the unique aspects of child and adolescent therapy, psychotherapy with adolescents, a multimodal view of treatment, practitioner concerns and patterns of practice, and other relative areas. This information present gives some ideas for treatment of children and adolescents with mental illness.

The First One Hundred Years 1911-2011 by Lewis Chapel Missionary Baptist Church Inc. lays out the history and the goings-on of the Lewis Chapel Missionary Baptist Church. This church is the context of this doctoral project. From its meager beginnings in 1911, as a small Sunday school class, the church has travelled basically all over the world. This book has a host of ministries within the church to keep the interest of over 4000

members. The book lays out in detail the church's creation, its pastors, deacons, officers, and all the ministries that are associated with the church. For other churches that are wishing to excel in the ministries of God, this book is a great example of how the work of God is done.

Alister E. McGraw in his book, *Christian Theology*: *An Introduction* focus is to make the study of Christian theology as simplistic as possible. This book takes the reader from a standpoint of knowing nothing about Christian theology and advances the reader through technical theological discussions, arguments, lectures and other reading to a point about attaining a fundamental basic knowledge of Christian theology. The first and second parts of the work address the debates over where the ideal of Christianity comes from. The third and final sections of the book deals with some of the major doctrinal ideas of Christian theology such as, what Christians believe about God, Jesus Christ, heaven, etc. This book is great reading and will give any student the basic fundamentals of the Christian faith thereby giving us theological formation for the healing of the mentally ill.

The *Gerasene Demoniac: (Mark 5:1-20) highlights in the Life and Ministry of Jesus Christ* by Bob Deffinbaugh gives the hard truth that demonic activity is existent in our society today although most fundamental believing Christians accept the fact of the New Testament writings in it references to demons. Truth be told, demons and demonic activity are becoming more of a concern today. The supernatural and the occult are becoming more and more interesting even in our highly educated society. Paul lets us know in Ephesians 6:12 that the struggle is a spiritual one. The confrontation between the powers of heaven and hell are laid out in Jesus' interactions with the Gerasene demoniac. Could this demonic activity have some impact as one of the causes and sustainment of mental illness?

Rodney Stark, and William Sims Bainbridge in their book *Religion, Deviance, and Social Control* give readers a book that is written drawing upon historical and contemporary data. Through systematic scientific research this book takes a critical look at religion and deviance. How powerful the pull of religion on human behavior is, is the question the book seeks to answer. What are the conditions that religion can prevent crime, delinquency, suicide, alcoholism, drug abuse, or joining other religious cults? There has been little research to address the fact that religion deters deviant behavior. How does religion affect the behavior of the mentally ill?

Charles Williams in his book *Insanity: Its Causes and Prevention* gives some prescriptions for the rise of insanity during the early 18th century. This book gives some preventive action that will prevent the onset of certain types of mental illnesses during this particular time period in history.

Dealing with the Black Dog written by Dr. Chris Williams confirms that often celebrities speak out in public about their battles with depression, but church people may go to the opposite extreme. Even though many biblical characters suffered bouts of depression, one rarely hears sermons concerning depression. On Sunday morning one out of every five worshippers is experiencing a serious depressive episode or has had in the past. Christians can find depression difficult to admit to. This writing helps Christians to deal with depression, the black dog.

Matthew S. Stanford in his book *Demons or disorder; A Survey of Attitudes Toward Mental Illness in the Christian Church* confronts different ideas of the church towards whether mental illness is demon possession or a psychological disorder. He addresses the fact that many Christians have problems with science as a cure-all and taking the medications to assist with the symptoms of mental illness.

Mental Illness and the Family Burden: a Public Health Perspective by Howard H. Goldman shares information concerning the overall cost of mental illness on families and the public as a whole. Even though a mentally ill individual is taken care of by the family, the cost is shared by the whole of society in medical cost, lower productivity, and morbidity. Goldman perspectives of family burden gives reason why the church is needed in the battle to fight mental illness.

Components and Correlates of Family Burden in Schizophrenia by D. A. Perlick, R. A. Rosenheck, & R. Kaczynski, et al. gives a view of the family burden when it comes to caring for a person with schizophrenia. From family members having to stop working, to the overall cost of care giving, we are helped to understand the cost to families of loved ones with schizophrenia.

Disability & Theology is the focus of The Rev. Michael A. Tanner, as he makes assumptions as to demon possession, is it truth or fiction? He ascribes as to how some Bible readers takes the Bible as literal and others regarded as historic and not scientifically accurate. He makes the assertion that according to research, over 12% of lay members believe that demon possession is the cause of mental illness.

Saul: A Psychotherapeutic Analysis by H. C. Ackerman recounts the episode of King Saul as he is troubled by an evil spirit from Yahweh. He makes his assumption that King Saul is suffering from a condition of nervous exhaustion. Ackerman attempts to translate what is written from this episode in the Old Testament of King Saul into what would be diagnosed in today's modern psychotherapeutic terms and helps us to get a better understanding how mental illness played a role in King Saul's anecdote.

The Saul Syndrome: Its Symptoms, Causes, and Remedies, Including Options for Potential Codependents gives the underlying cause of King Saul's mental episodes as

narcissism. The writer, Ed Vainio, makes the assertion that to all appearances the King was chosen by God, divinely led and was humble, but for some reason Saul develops an above the law mentality. What possible mental inadequacies played a part in this above the law mentality?

The Christian and Mental Illness: Is There Mental Illness in the Bible by Michael Spencer informs readers that mental illness is a post-fall occurrence. There was no mental illness in the world before the fall of man in the Garden of Eden. Because of sins affect on man, every aspect of man's existence has been infiltrated by sin. From our mental processes to the bio chemical makeup of our brain, all have been affected by sin. Because of this fact, Mr. Spencer formulates how mental illness has to be inclusive in the Bible.

Jesus, Demoniacs, and Public Authorities: A Socio-Historical Study by Paul W. Hollenbach, focuses on Jesus' clash with the public authorities such as the Pharisees and Herod Antipas. Hollenbach suggests the paramount reason for this is because of the central theme of Jesus' ministry was the exorcising of demons. Hollenbach gives the descriptive and scenic story of the exorcism of the Gerasene demoniac giving evidence of Jesus' power over the spiritual world and mental illness.

Owen C. Thomas & Ellen K. Wondra, in their book *Introduction to Theology* gives an introduction to theology from an Anglican perspective. This book is organized around the themes of systematic theology. The work gives exploration of Scripture, history, debates and reconstructions. This book was used in this project to give some prospective of how the universal church's basic foundation should lead Christians to love and assist those with mental illnesses.

Rick Warren in his book *The Purpose Driven Church: Growth without Compromising Your Message and Mission* gives a detailed description of the purpose of

the modern-day church and why churches should be purpose driven. Warren gives the reader detailed formulas for growing a church that will impact today's society. Warren describes the problems in society as "waves" created by God. The church must develop the skill set to ride these waves in order to maintain proper church growth. The increase of depression and other mental illness are increasing at epidemic rates and the church must learn to ride the wave of mental illness.

Mental Health Awareness Week: Will Churches Look after the Sick by Monica A. Coleman opens with the story of a childhood friend that one day attempted to commit suicide. Monica reflects back on the story to ask the question, "Will the church look after the sick" referring to those people that have mental issues. Monica gives rise to the fact that most church services are not sensitive to statements that are said that may have a negative impact on those with mental illnesses, and most pastors rarely preach about mental illness.

Thomas C. Oden in his book *Pastoral Theology: Essentials of Ministry* integrates principles of pastoral care, leadership, and theology to restore to ministers a clearly defined pastoral identity. Moving from a critique of inadequate models for ministry -- from community organizer to TV evangelist -- Oden develops a more classical model, rich in its references to the past and compatible both with Christian faith and theology through the ages and with current needs. This project asks the question, could pastoral theology and its principle best guide the church in its efforts to aid those with mental illnesses?

Helene Russell & K. Brynolf Lyon in their work *Positioning Practical Theology: Contextuality, Diversity, and Otherness* gives information concerns the nature of practical theology. This stratum of theology gives guidance to institutions and groups that in general provide nurturing and transformation to society. This project asks the question,

could practical theology and its principle best guide the church in its efforts to aid those with mental illnesses?

The Violence of Monotheism by Janet Trisk draw on the insights of Regina Schwartz and Laurel Schneider, both of whom put forward the notion that monotheism gives rise to violence. Theologies of liberation seek to relate their understandings to the contextual in South Africa, and whether such theologies might be said to have opened the possibility for violence. Could this underlying principle of monotheism as explained by the authors provide a cause as to why the Christian church has basically laid aside the mentally ill population?

Gustavo Gutierrez in his book *A Theology of Liberation* reflects upon his experience with the peasants of Latin America to build a commitment to liberation. Gutierrez's account to build a different society that is free and more human brings him to formulate this theology of liberation. As the peasants of Latin American needed liberation from tyranny, could it be that the same principle of liberation needed in the Christian church for the mentally ill population.

Robert McAfee Brown in his book *Liberation Theology*: *An Introductory Guide* explains and illuminates liberation theology. The Liberation movement, over the years, has risen in the religious and political arenas of North America. This book gives North American readers the dynamics of this Christian movement. This project asks the question how the liberation movements assist the mentally ill population in the churches of the US.

Much of the theories of liberation language have been put together by consequence of economic, social, political and racial injustices. In *Why We Need a Fully Biblical Liberation Theology,* Mark Galli gives a liberation theology based upon the teachings of

Jesus Christ. This project using the principles given by Galli gives rise to why the church must help to liberate people with mental illness.

Burton Cooper in his work, *The Disabled God,* uses a metaphor that likens God to a disabled person. Cooper asserts that we can deepen our understanding of the nature of God's creativity and redemptive love when we listen to Christians with disabilities.

CHAPTER III

THEROTICAL FOUNDATIONS

Historical Foundation

Mental health is a term used to describe either a level of information processing of an individual's psychological functions or the development of concepts. Individual minds, groups, organizations, and even larger coalitions of entities can be modeled as societies which cooperate to form concepts. The elements of each society would have the opportunity to demonstrate emergent behavior in the face of some crisis or opportunity. Mental Health includes cognition which can also be interpreted as "understanding and trying to make sense of the world".[1] Also, mental health can refer to an individual's emotional wellbeing. A person having incorrect emotional responses to crises or ordinary life's situations can be affected by ill physical health. Stress, depression, and anxiety can contribute to a host of physical ailments including digestive disorders, sleep disturbances, lack of energy;[2] or an absence of a mental disorder. From perspectives of the discipline of positive psychology or holism, mental health may include an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience.

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[1] Stanley Coren, Lawrence M. Ward and James T. Ennis, *Sensation and Perception* (San Diego, CA: Harcourt Brace, 1999), 15.

[2] Harvard Medical School, "Emotional Well Being & Mental Health," Harvard Health Publications, (2000-2011) http://www.health.harvard.edu/Emotional_Well_Being_and_Mental_Health/ (accessed November 2, 2011)

The World Health Organization states that there is no one "official" definition of mental health. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined.[3]

In this paper, the writer will examine the concepts of what mental health is, the number of persons with mental health issues, the bible and mental health, the problems of determining mental health issues in biblical history, mental health effect on the Puritans, religion and mental health; and mental illness in the modern church.

According to Tania Hacker of Health and Fitness, good mental health is an important aspect of a person's everyday life. For example:

> Self-image - Good mental health means appreciating your achievements and accepting your shortcomings. A mental illness can cause an inferiority complex, a negative body image, and intense feelings of self-hate, anger, disgust, and uselessness, which could mutate into extreme depression, psycho-social disorders, or eating disorders.
> Education - Students with mental problems socially isolate themselves, and develop anxiety disorders and concentration problems. Good mental health ensures an all-round educational experience that enhances social and intellectual skills that lead to self-confidence and better grades.
> Relationships - Mental health largely contributes to the functioning of human relationships. Mental illness can hamper even basic interactions with family, friends, and colleagues. Most people suffering from mental illness find it difficult to nurture relationships, have problems with commitment or intimacy, and frequently encounter sexual health issues.
> Sleep - An inability to handle stress or anxiety can cause insomnia. Even if you manage to fall asleep, you may wake up a dozen times during the night. You may have thoughts of what went wrong the day before or how bad tomorrow is going to be. You may develop severe sleeping disorders which leave you exhausted and less productive.
> Eating - People with mental disorders are more prone to indulging in comfort eating or emotional binges. Finding comfort in food is something we all do from time to time. But with a mental illness, it becomes difficult to control yourself. Overeating can lead to obesity which puts you at risk for heart disease and diabetes; in addition to creating an unhealthy body-image.
> Physical health - Your mental state directly affects your body. For example, stress

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[3] World Health Organization, "Mental Health: New Understanding, New Hope," World Health Report 2001, http://www.who.int/whr/2001/en/ (accessed November 2, 2011).

> can lead to hypertension or stomach ulcers. People who are mentally healthy are at a lower risk for many health complications.[4]
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> Today, about 450 million people suffer from a mental or behavioral disorder. According to WHO's Global Burden of Disease 2001, 33% of the years lived with disability (YLD) are due to neuropsychiatric disorders, a further 2.1% to intentional injuries (Figure 1). Unipolar depressive disorders alone lead to 12.15% of years lived with disability, and rank as the third leading contributor to the global burden of diseases. Four of the six leading causes of years lived with disabilities are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder).[5]

The writer, at this point, will take the opportunity to look at biblical and early church history in order to familiarize us with some of the mental issues that people faced during these times.

God's original intent for humans was to be at peace, health, and have wholeness with themselves, with other humans, with God; and with the whole creation. God did not want humans to experience suffering of any kind, but something went wrong with creation and suffering (mental, emotional, spiritual torment, as well as physical suffering) came into existence. Suffering and brokenness entered into God's world but surely God will not let it always be this way. God is classified in Scripture as a healer, mender of brokenness, binder of wounds, giver of hope to the despaired and a reconciler to broken relationships. God is omnipotent; therefore, surely by God's power, healing will come to pass. God's word addresses some issues of mental health, either directly or indirectly. Many answers to life situations may be a part of a larger theological discourse.[6] Mental illness is not mentioned in the Bible and some believe that the initiation of mental illness is just a way

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[4] Tania Hacker, "The importance of Mental Health," Health and Fitness, http://ezinearticles.com/?The-Importance-of-Mental-Health&id=788844 (accessed November 2, 2011).

[5] World Health Organization, "Investigating in Mental Health," WHO Library Cataloging-in-Publication Data, http://www.who.int/mental_health/en/investing_in_mnh_final.pdf. (accessed November 6, 2011)

[6] Daniel J. Sidmundson, "Mental Health in the Bible," *Word &World* 9 (Spring 1989): 140-141.

to legitimize sinful behavior. It has not been until recently that mental illness has been treated as a medical problem. Strange thoughts, feelings and behaviors that often are a part of the disorders that are associated with mental illnesses were often seen in biblical times and in early historical times as personal infidelities or weaknesses and was something to be ashamed of. This same concept has rolled over into the modern church. Thousands of people that have been diagnosed with a mental illness are alienated by the majority of church bodies when there should be support both spiritually and physically. The terms used most often in the Bible to indicate that a mental illness was present were the terms madness or insanity.[7]

"They called me mad, and I called them mad, and damn them, they out voted me."[8] In the writer's analysis of all the materials thus far, it can be concluded that there were no actual separate diagnoses of diverse types for persons with mental illness in biblical times or in early church history. In most instances, the person that demonstrated unfamiliar behavior was basically said to be either mad or insane.

There are several references to madness in the Old and New Testaments. In the Old Testament, madness was a punishment for violating the covenant (Deuteronomy 28:28). It was instituted by David to escape captivity (I Samuel 21:13-15). In 2Kings 9:11, the prophet's servant is thought to be mad. Madness is compared to foolishness in Proverbs 26:18. Madness is the opposite of wisdom (Ecclesiastes 1:17; 7:7), and madness is Nebuchadnezzar's punishment (Daniel 4: 32-34). In the New Testament, Jesus is thought to be insane by his family (Mark 3:21; John 10: 20). Jesus healed a lunatic

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[7] Matt Stanford Ph.D. "Mental Illness in the Bible." *Mental Health Grace Alliance*, July 2011, http://www.mentalhealthgracealliance.org/mental-illness-Christian/mental-illness-in-the-Bible (access November 6, 2011).

[8] Roy Porter, *Madness: A Brief History* (USA, Oxford University Press, 1987), 3.

(Matthew 17:15). Festus suggests that Paul is mad (Acts 26:24-25). Believers could be thought to be mad (1 Corinthians 14:23), and Paul's ideals are so extreme and could be thought of as being insane (2 Corinthians 11:23).[9] This statement of calling someone mad or insane still gives rise to issues.

Justin J. Meggitt in his article "The Madness of King Jesus" gives rise to two problems. First, he reminds us that there was little work being done on the subject of madness or insanity during biblical times. There have been studies showing some clarity and comprehensiveness of Roman medicine but not for mental illnesses. Writers such as Jacques Andre (1987), Audrey Cruse (2004), Ralph Jackson (1991), and Vivian Nutton (2004) gave excellent works on the history of Roman diseases but gave no information towards mental illnesses. Other writers such as Geoffrey Lloyd (2003) and Robert Garland (1995) wrote on such subjects as deformity and disability in the Roman culture but had little to reveal concerning mental illnesses. The most comprehensive work cited to this day of the treatment of madness in the early civilization is George Rosen's *Madness in Society: Chapters in the Historical Sociology of Mental Illness* and this writing is over 40 years old, so this work would have its drawbacks.

Secondly, in a discussion of mental illnesses, the problem of period or culture arises. For the most part, a person that is deemed "mad," in most of the readings of early times demonstrated a multiplicity of behaviors. Many terms to describe a person that had gone mad overlapped one another and in different cultures and in different periods of time.

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[9] Stanford Ph.D., Mental Illness in the Bible.

The same term could have a totally different meaning. The term may include a host of different symptoms.[10]

The writer puts forth two cases that illustrates; the difficulty in identifying the symptoms of mental illness and how the causes of mental illness were determined.

Case 1; the 16th and 17th centuries produced a group of English Protestants called the Puritans. Marian exiles, within the Church of England, founded Puritanism shortly after the ascension of Elizabeth I of England in 1558.

Since the 16th through the 18th centuries, attacks against the Puritans have been analyzed and made perfectly clear. The Puritans were accused of many serious violations of what the church hailed to be right. The biggest charge against the Puritans brought by anti-sectarian groups was basically that the Puritans were ignorant. The diminished ability of the Puritans to understand the worth of the Church of England and its desire to use religion in order to become wealthy, achieve political power, and satisfy other interests was total ignorance as to the thoughts of the anti-sectarians.

After intense discussions of the matter, a new direction was taken in the attacks against the Puritans by the mid-17th century. The sectarians no longer questioned the authenticity of the Puritans or accusations of sins, but rather the sectarians accused the Puritans of being insane. There have been a number of groups throughout history that have guarded themselves from the opinions of popular society by declaring themselves to be insane or having deranged minds. By the 18th century, the anti-sectarians had developed a rationale for the accusations of madness by using medical theory to demonstrate that the

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[10] Justin J. Meggitt, "The Madness of King Jesus: Why was Jesus put to Death, but His followers were not?" *Journal for the Study of the New Testament* 4, no. 1 (January 2007): 388-389

Puritans suffered from emotional and mental disorders as a result of natural physical causes.[11] John F. Sena states:

> Enthusiasts were seen as splenetic sufferers, and their erratic behavior and religious delusions were explained as the inevitable consequence of melancholic vapors. By associating Puritanism with melancholy, anti-sectarians in the Restoration and eighteenth century attempted to account for religious zeal in terms of an affliction so widespread in England that it was known as "The English Malady." Although the exact number of splenetic's in the seventeenth and eighteenth centuries was indeterminate, physicians and laymen alike almost universally held that more of their countrymen were afflicted with melancholy and "vapors" than with any other single disease. It is somewhat ironic that although Englishmen demonstrated an almost obsessive concern over the malady, they were not able to define precisely the nature of the disorder. The difficulty in defining it arose from the fact that there was not a single ailment which was designated by the term "melancholy." "Melancholy," as the period conceived it could describe conditions ranging from crankiness and an overloaded stomach, to hypertension and the desire for self-immolation; readily as the digestive tract. The polymorphous nature of the malady made it perhaps the most difficult affliction for a seventeenth- or eighteenth-century physician to diagnose. Its symptoms were profuse and frequently identical to the symptoms of other diseases. Physicians, in fact, often compared melancholy to Proteus, the shape-changing god of the sea, because its manifestations were always changing; continuously shifting from one part of the body to another, while constantly mimicking other diseases. The most common physical symptoms of the malady were abdominal pains, violent convulsions, facial disfiguration, and involuntary motions. Psychologically, the sufferer generally experienced languor and listlessness, a disposition to seriousness, sadness, and timidity; an apprehension of all future events. Ultimately, prolonged or chronic melancholy could result in insanity.[12]

In case two, in 1860, client records were found from an asylum in the state of Tennessee. The records showed that the asylum had 212 inmates and thirty staff living at the hospital. Records also indicated that several of the clients admitted to the hospital were suffering from mental illnesses onset by religion. One patient, a fifty-two year old female

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[11] John F. Sena, "Melancholic Madness and the Puritans," *Harvard Theological Review,* no. 3 (July 1, 1973): 293-294.

[12] Ibid. 294-295

and native of Virginia, was driven mad by religion. Another female, a wife of a physician, went insane during the spiritual craze of the 1850s. Another male client, which was a Methodist-Episcopal preacher, was among eleven inmates crazed by religion. These records were validated by Dr. William A. Cheatham, director of the institution, by giving this information to the Davidson County Assistant Marshall J.B. Corley when he came to count the residents for the 1860 census.[13] Insane persons are found throughout the 1860 census in cases that are assumed brought on by religion are viewed in many different contexts. Today, there are factors that illuminate that there are different reasons how religion might produce mental illness. Sigmund Freud thought that religious dogma is the stuff that madness is made of.[14]

"Rooted in hallucinations," and "neurosis," are the descriptions that social scientists label to religion. In this effort to link religion and mental health, two dominant themes have come to prevail in the 19th century. Namely, that religion caused mental illness, and secondly, the view that religion in itself was a type of mental illness; a view expressly believed by Sigmund Freud and his followers. From its inception these two views led certain groups and themes of religion to be seen as deviant.[15] There are different schools of thought as to religion being a producer of mental illness. Several psychological writers came to the determination that unresolved guilt created by deviant religious groups might be curtailed to correct mental health. Also, other writers come to mention the overwhelming power of the religious experience itself may be the cause of religious

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[13] William Sims Bainbridge, "Religious Insanity in America: The Official 19th-Century Theory," *Howard University Sociological Analysis,* no. 45 (1984): 223.

[14] Ibid. 224

[15] Rodney Stark, William Sims Bainbridge, *Religion, Deviance, and Social Control* (Manhattan NY: Taylor and Francis Group); 129.

excitement. Contemporary cults and the general public have been inundated with pseudoscientific claim of deviant religion being psychopathology: the most prominent groups making these claims being psychiatrist and clinical psychologist.[16] Moreover, in the 19th century, sociologist put forth the assertion that the origins of science are rooted in religion and even at the end of the 19th century, "religion works through science as much as against it."[17] The framework for understanding man and society was provided for Americans through religion. Psychiatrist and psychologist mixed piety and science in a way that caused this understanding to, over time, be succumbed by secular perspectives. These more worldly perspectives gave rise in status and power to psychiatrist and psychologist as these groups believed supplementary that religion could cause nervous breakdowns and other mental ailments.

Religion as a cause of insanity was supported by statistical information that was found from census manuscripts from 1860. Records were found from forty-four major insane asylums in the United States that existed during the period. Hospitals in Massachusetts, Pennsylvania, Connecticut, and New York reported that of the 9,473 patients admitted, 740 or 7.8% presented symptoms of "religious excitement."[18]

Pliny Earle introduced the assumed causes of patient insanity in a list of eighty-five categories in 1848. This information was introduced at the Bloomingdale Asylum of New York. Also, in the *American Almanac* and the *National Almanac* of this period, statistical information was also given on the theory of religious insanity and budgeting information as to how much capital was being spent by state governments to aid persons

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[16] Bainbridge, "Religious Insanity in America." 224.

[17] Ibid. 225

[18] Ibid.

in these categories. The *American Almanac* from 1860 provided a table of data from the Indiana Hospital for the Insane and the Worcester Asylum. The almanac states:

> The alleged probable cause of insanity in 86 cases was religious excitement and anxiety; in 35, spiritual wrapping; in 31, intemperance; in 23, tobacco," but we are told nothing about other cases nor are given the total number of cases assigned calls. Worchester reported 12, and supposed causes, with 289 cases activity to religious excitement, 25 to Spiritualism could and 10 to Millerism.[19]

In the 19th century, what were some of the causes and preventions of religious excitement? Charles Williams felt that there had to be some hereditary or natural tendency for the onset of religious excitement. If a person had a predisposition to mandaly or had a neurotic temperament, that person was advised not to be an intense participant in religious services. The person exhibiting these qualities was advised not to go to revivals such as were hailed by the Methodist. There was great concern for the sensationalism and the strategic appeals to the emotions. Persons would be advised not to go to hear any clergyman preaching this type or style of sermon:

> The subject was Hell, and to heighten the colouring of the frightful picture which the speaker had traced, he took a skull in his hand, and having raised a question as to the abode of the soul which he belonged, he exclaimed, invoking it:" If thou art in Heaven, intercede for us; if thou art in Hell utter curses." He then casts it off from him with violence." Little wonder is it that preaching such as this should in those hereditary predispose, or of the neurotic temperament, lead to insanity. This particular sermon seems to have had this effect in at least one case and as the writer who gives it sensibly remarks:" strong emotions excited by vehement preaching produce continually in females and very sensitive persons fits of hysteria, and in those who are predisposed to mania there can be no doubt that similar causes give rise to madness![20]

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[19] Ibid. 227

[20] Charles Williams, *Insanity: Its Causes and Prevention,* (Kila, MT: Kessinger Publishing, 1908), 70-71.

Pliny Earle believed that the body could get so exhausted during the religious experience that it could bring about the onset of madness:

> It is much as insanity is almost him formerly a disorder connected with bodily debility, a fact apparently never learned until within the last half-century, it necessarily follows that all customs, habits, occupations, or other agencies whatsoever which exhaust the power of the brain and nerves, bring the body to a weakened condition, made this become the origin of mental disorder. Such influences are, indeed the ramified root from which insanity spring.[21]

Earle believed that the extraordinarily known and spent somatic episode of revivals that were taking event during that day was producing exhaustion in the people. Earle, as did, Williams did not approve of the intensity of revival meetings of small church groups giving warning that "solitary reading and meditation upon religious subjects, until personal demerit and its consequence punishment became the sole occupants of the thoughts; to the exclusion of those consolations which a spirit of Christianity guarantees." Earl writes:

> As appears to us, intemperance style of preaching, wherein the terrors and consequences of divine wrath arbitrary with all the vigor and the force of. Imagination, giving over the man of the young, the sensitive, the susceptible, and the strongly-conscience, to the Dominion of despondency and fear, the action of which is powerful depressive to the fight channel energy, and, consequently, strongly promotive of an invasion of mental disorder; while the solemn and off-inspiring rights of some services are so trials to the man's of the sensitive and superstitious, contribute their influence to the subversion of reason, and would be even more frequently fatal but for the rapidly and strongly contrasting variations, so illustrative of the remedial power. To the administrators of the imposing ceremonies, this modifies their effect.[22]

Eclecticism is the official 19th-century theory for insanity. Constant stress can exhaust a constitutionally weak nervous system and calls insanity as the main idea behind

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[21] William Sims Bainbridge, "Religious Insanity in America. 227-228

[22] Ibid.

eclecticism. When there is a tremendous amount of stress, even the strongest mind can succumb to it.[23]

So as shown forth, there are many different causes, reason, and belief that culminate the identity of madness or insanity.

Moving forward in church history up to the modern church era of the 21st-century, mental illness is a detriment not only on today's population but it is also a problem for many within the church.

In the year 2000, major depression, a type of mental illness, was determined to be the fourth leading cause of disability worldwide and was understood as a disease that is a major dysfunction of the human brain.[24] Today, depression has increased to become the second leading cause of disability following cardiovascular disease. Studies show that for the majority of cases, the rate of organ dysfunction increases with age, in other words, the young and the middle-aged are healthy because their organs function better. Whereas, older age populace health declined because their organs tend to break down, according to research, this trend is not so with clinical depression. Depression has been found to have a high rating among all age groups, and appears to be highest among the youngest age category of 15-24 years old.[25] It is estimated that one in four Americans have a mental health disorder in accordance to the National Institute of Mental Health. Borderline personality disorder, post-traumatic stress disorder, obsessive-compulsive disorder, schizophrenia, bipolar disorder, panic disorder; and major depression are serious mental

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[23] Ibid. 237

[24] Wikipedia the free Encyclopedia, "Evolutionary approaches to Depression," Wikipedia http://en.wikipedia.org/wiki/Evolutionary_approaches_to_depression (accessed November 5, 2011).

[25] The World Health Report 2001, "Prevalence of Heart Disease in the United States," WHO http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5606a2.htm. (accessed November 11, 2011).

illnesses that affect one out of every seventeen people.[26] It is estimated that out of every five persons setting in the pews, one of them have experienced some issue with serious depression, and at least two of them have experienced depression coupled with anxiety.[27] With such high numbers this could mean that when you attend church on your day of worship, there could be a person that is experiencing a mental illness sitting right next to you.

Biblical characters suffered from bouts of depression. King Saul, the Apostle Paul, and King David suffered periods of major depression. "Be merciful to me, O Lord, but I am in distress; my eyes grow weak with sorrow, my soul and my body with grief. My life is consumed by anguish and my years by groaning and; my strength fails because of my affliction, and my bones grow week" (Psalms 31:9-10) was the distressful cry of King David as he goes on to say, "I am forgotten by them as though I were dead. (Psalms 31:12). Depression brings about feelings of pain and anguish that often are deep-seated and cut to the very core of our spiritual being and can be very hard, often impossible to describe.[28] Down in the dumps, miserable, unhappy, feeling sad and blue, are some words that may be used to describe depression. Clinical depression is described by psychologist as a mood disorder in which feelings of frustration, anger, loss, sadness, and anxiety last

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[26] Ann Weaver, "Through a Glass Darkly," *U. S. Catholic* February 2010, Chicago, Ill, Claretian Publications, 12.

[27] Dr. Chris Williams, "Dealing with the Black Dog" The Church Times, http://www.feelinglikethis.com/site/index.php?option=com_content&task=view&id=83&Itemid=41, (accessed Nov 23, 2011).

[28] Dan G. Blazer, Rick Beerhorst (Illustrator). The Depression Epidemic: Christianity Today, 53 no 3 (March 2009): 22.

for long periods of time usually for two weeks or longer and can interfere with one's everyday life.[29]

Research does not tell us the exact cause of depression. One of the most popular theories is that chemical changes in the human brain are catalyst. Another popular theory is that pure genetics or harsh situations in life may bring the onset of depression. It could be one of these factors or all of them combined. Depression can be a family trait, but families without this trait also have members with depression. The following can be some causes for the onset of depression:

> Alcohol or drug abuse, certain medical conditions, including: underactive thyroid, cancer, or long-term pain, certain medications such as steroids. Sleeping problems, Stressful life events, such as: Breaking up with a boyfriend or girlfriend, Failing a class, Death or illness of someone close to you, Divorce, Childhood abuse or neglect, Job loss, Social isolation (common in the elderly)[30]

When a person finds himself in the grip of depression, what are the available treatments?

General treatment for depression usually comes in two forms: 1. the taking of certain medications called antidepressants, 2. Talk therapy called psychotherapy. The administering of these treatments is usually dependent upon the severity of the depression a person is experiencing. A person can be prescribed medication alone or therapy alone or a combination of both. Both, talk therapy and medication are popular antidotes in today's society. Talking about your feelings and thoughts and learning to deal with them is the basis of talk therapy.

> Cognitive behavioral therapy teaches you how to fight off negative thoughts. You will learn how to become more aware of your symptoms and how to spot

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[29] Fava M. Biederman and P. Cassano, "Mood disorders: Major depressive disorder and Dysthymic disorder," *Massachusetts General Hospital Comprehensive Clinical Psychiatry* 1 (2008): chap 29.

[30] Ibid.

> things that make your depression worse. You'll also be taught problem-solving skills.
> Psychotherapy can help you understand the issues that may be behind your thoughts and feelings.
> Joining a support group of people who are sharing problems like yours can also help. Ask your therapist or doctor for a recommendation.[31]

Medications containing selective serotonin re-uptake inhibitors (SSRIs), such as:fluoxetine (Prozac),sertraline (Zoloft), paroxetine (Paxil), fluvoxamine (Luvox), citalopram (Celexa), and citalopram (Lexapro) to balance brain chemicals, if left unchecked, would lead to depression.[32] Joel Scandrett (Christianity Today, 26) gives some real life actuality of how medication works:

> Eight years ago, I started taking antidepressants. I was single and in the thick of a PhD program in theology. The combination of academic stress, of solidarity lifestyle, and a spiritually toxic environment sent me spiraling into the worst depression I had experienced since college. Fortunately, I gained enough hard-bitten experience with depression over the years to recognize what was happening and sought professional help. Within a few sessions, my Christian therapist recommended antidepressants. I had never taken them before and was initially resistant, but my depression was so intense that I somewhat agreed to try them. The results were nothing short of miraculous. Within weeks my depression had lifted. I no longer felt overwhelmed or that God was nowhere to be found. I was free from confusion and emotional paralysis to make vital life decisions that led, among other things, to the marriage and family I have. Antidepressants (combined with counseling) *dramatically* improve my life. And because my depression is hereditary, my therapist recommended that I continue taking them – and definitely, if necessary – seemed like wise counsel.[33]

Because of the vast amounts of people that are experiencing mental disability, depression and other mental aliments, the modern church is impacted. In over viewing the statistical information given in this report, depression in a period of 10 years (2000-2010) increasing from the 4th leading cause of disability to the 2nd leading cause of disability

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[31] Ibid.

[32] Ibid.

[33] Blazer and Beerhorst, the Depression Epidemic, 26.

could be observed as an epidemic. The church's role in society is that of giving spiritual authority. Spiritual authority, as a result of the complexity of humans, also incorporates physical and mental wellbeing. When people assume they have or are diagnosed with a mental disability, they most often, seek help from spiritual professionals (church leaders).[34] In light of this fact, the church is impacted and will have to undergo changes in what is said in the context of the mentally ill. How statements and actions are made towards the mentally ill, and a change in church programs to support the mentally ill.

Biblical Foundation

An important resource for people in our search for rational mental health is the Bible. Not only for those of us who strive to give comfort to those people that are burden with mental health issues, but even for those of us that is going through everyday life and outwardly seems as though life situations are going well but yet inwardly are still struggling with our own personal mental health issues, the Bible is a great source of relief. The Bible contains statements of positivity, statements that give the believer assurance and words that give the believer satisfaction that God is with them. This assurance give the believer reason to be relieved of depression, anxiety, guilt, inadequacy, powerlessness, shame, and mortality, which causes serious burden on the mind, heart, and psyche of masses of people. The message of the Bible to mental health is not a direct message but it is indirect. The Bible often addresses mental health issues through larger themes and diverse contexts. Life's changing situations, the ability to place occurrences in life in the

[34] Matthew S. Stanford, "Demons or disorder; A Survey of Attitudes towards Mental Illness in the Christian Church," *Mental Health, Religion and Culture* 10, no. 5 (September 2007): 445.

proper perspective and place, our positive interactions with others, a sense of purpose, well-being, and inter-peace, are some of the attributes of positive mental health.[35]

Research has been found that clinical depression is the second greatest cause of disability within this country according to the World Health Organization. Clinical depression rose from being the fourth leading cause of disability to the second leading cause of disability within a 10 year period. It seems that more and more people are becoming depressed, but what is the actual cause or causes of clinical depression.[36]

Clinical depression's onset is brought about by a variety of reasons. There may be many people that may be reading this report that may have been recently diagnosed with clinical depression and the writer is sure the question has come to mind, why do I have this problem? The onset of clinical depression can be brought on by personal reasons such as a serious medical illness; also clinical depression can be brought on by life changes such as the death of a loved one, moving from one location to another. The onset of clinical depression can be brought about through family genetics, going from one generation to the next. According to WebMD, some other reasons for clinical depression are:

> Abuse. Past physical, sexual, or emotionalabuse can cause depression later in life.
> Certain medications. For example, somedrugs used to treat high blood pressure, such as beta-blockers or reserpine, can increase your risk of depression.
> Conflict. Depression may result from personal conflicts or disputes with family
> Major events. Even good events such as starting a new job, graduating, or getting married can lead to depression. So can moving, losing a job or income, getting divorced, or retiring.

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[35] Sidmundson, "Mental Health in the Bible," 140-141.

[36] World Health Organization, "Managing Mental Health," WHO http://www.who.int/mental_health/management/depression/definition/en/index.html (accessed December 8, 2011).

> Other personal problems. Problems such as social isolation due to other mental illnesses or being cast out of a family or social group can lead to depression.
> Serious illnesses. Sometimes depression co-exists with another major illness.
> Substance abuse. Nearly 30% of people with substance abuse problems also have major or clinical depression.[37]

It is safe to say that most people at some point in life experience some of the above listed situations. Even for the person that is reading this report, you may have moved in order to go to school, or to accept a new job, just imagine how being away from friends and family can bring about the onset of depression and in some cases without us even realizing it. Imagine if a reader has just experienced the loss of mother, father, sister or brother or the loss of a close loved one. The majority of us at some point in life will experience such an event or events in life so it would be important for us to know some of the symptoms of depression.

Life's struggles, injured self-esteem, and reaction to loss are occurrences that bring on depression feelings which are normal responses. If the depression feeling lasts for a long period of time and begin to affect the normal activities of life, at that point it may be time to seek medical attention. According to Web M.D., over one out of every 10 persons that have depression symptoms over a long period of time eventually commits suicide. The reason for this is that half of the persons that have depression symptoms never move forward to receive treatment.[38]

According to the National Institute of Mental Health, symptoms of depression may include the following:

Difficulty concentrating, remembering details, and making decisions

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[37] Brunilda Nazario, MD. "Causes of Depression," WebMD, http://www.webmd.com/depression/guide/causes-depression (accessed December 12, 2011).

[38] Ibid.

Fatigue and decreased energy
Feelings of guilt, worthlessness, and/or helplessness
Feelings of hopelessness and/or pessimism
Insomnia, early-morning wakefulness, or excessive sleeping
Irritability, restlessness
Loss of interest in activities or hobbies once pleasurable, including sex
Overeating or appetite loss
Persistent aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment
Persistent sad, anxious, or "empty" feelings
Thoughts of suicide, suicide attempts[39]

Now that we know some of the symptoms of depression as being that today's modern therapists and psychologists, this information would beg the question, are there instances of depression symptoms in the Bible?

The main focus of the Bible is Jesus Christ. Through the Bible's context and presentations, many of the lessons and themes are presented that a reader can gain insight and resolve for some problematic situations that may be present in the reader's life. Within the Bible's teaching on being Christ-like, it may give us some behavior for proper parenting, or how to be a proper husband or a proper wife but the focus is still on Christ. If mental health is presented in the Bible it is presented in an approach that Jesus Christ can ultimately save us.[40]

When God Yahweh created the Garden of Eden and created Adam and Eve within it, there was no sin there. Sin came into existence as a result of Adam and Eve believing the serpent and defied God's commandments. This fall from grace or Sin is also the catalyst for mental illness to exist in the world, and since that time the disease (sin) has

[39] National Institute of Mental Health, "What are the Signs and Symptoms of depression?" NIMH, http://www.nimh.nih.gov/health/publications/depression/what-are-the-signs-and-symptoms-of-depression.shtml (accessed December 20, 2011).

[40] Internet monk, "The Christian and Mental Illness: Is There Mental Illness in the Bible," IMonk, http://www.internetmonk.com/archive/the-christian-and-mental-illness-iv-is-there-mental-illness-in-the-bible (accessed April 1, 2012).

blinded man's sense of God. Not only that but sin has infiltrated and degraded the very nature of human beings from generation to generation. Sin has infiltrated every aspect of human society and relationships, and the Bible records that the feelings and emotions of sin much resemble those of mental illness, for example:

> Woe is me, my mother, that thou hast borne me a man of strife and a man of contention to the whole earth! I have neither lent on usury, nor men have lent to me on usury; *yet* every one of them doth curse me. The LORD said, Verily it shall be well with thy remnant; verily I will cause the enemy to entreat thee *well* in the time of evil and in the time of affliction. Shall iron break the northern iron and the steel?
>
> Thy substance and thy treasures will I give to the spoil without price and *that* for all thy sins, even in all thy borders. And I will make *thee* to pass with thine enemies into a land *which* thou knowest not: for a fire is kindled in mine anger, *which* shall burn upon you.
>
> O LORD, thou knowest: remember me, and visit me, and revenge me of my persecutors; take me not away in thy longsuffering: know that for thy sake I have suffered rebuke.
>
> Thy words were found, and I did eat them; and thy word was unto me the joy and rejoicing of mine heart: for I am called by thy name, O LORD God of hosts.
>
> I sat not in the assembly of the mockers, nor rejoiced; I sat alone because of thy hand: for thou hast filled me with indignation. Why is my pain perpetual, and my wound incurable, *which* refuseth to be healed? wilt thou be altogether unto me as a liar, *and as* waters *that* fail? (Jeremiah 15:10-18)

Now, the writer will take us to the times of the bible in order to familiarize us with some of the mental issues that people faced.

God's original intent for humans was to be at peace, health, and have wholeness with themselves, with other humans, with God, and with the whole of creation. God did not want humans to experience suffering of any kind, but something went wrong with creation and suffering (mental, emotional, spiritual torment, as well as physical suffering) came into existence. Suffering and brokenness entered into God's world but surely God

will not let it always be this way. Because God is classified in Scripture as a healer, mender of brokenness, binder of wounds, giver of hope to the despaired, and a reconciler to broken relationships, and because God is omnipotent, surely by God's power, healing will come to pass. God's word addresses some issues of mental health, either directly or indirectly. Many answers to life situations may be a part of a larger theological discourse.[41] Mental illness is not mentioned in the Bible and some believe that the initiation of mental illness is just a way to legitimize sinful behavior. It has not been until recently that mental illness has been treated as a medical problem. Strange thoughts, feelings and behaviors that often are a part of the disorders that are associated with mental illnesses were often seen in biblical times and in early historical times as personal infidelities or weaknesses and was something to be ashamed of. The terms used most often in the Bible to indicate that a mental illness was present were the terms madness or insanity.[42]

"They called me mad, and I called them mad, and damn them, they out voted me."[43]In the writer's analysis of all the materials thus far, it can be concluded that there were no actual separate diagnoses of diverse types for persons with mental illness in biblical times or in biblical history. In most instances, the person that demonstrated unfamiliar behavior was basically said to be either mad or insane. There are several references to madness in the Old and New Testaments: in the Old Testament madness was a punishment for violating the covenant (Deuteronomy 28:28), it was used by David to

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[41.] Sidmundson, "Mental Health in the Bible, 140-141.

[42.] Matt Stanford Ph.D., "Mental Illness in the Bible: Regaining Lives and Rebuilding Families, *Mental Health Grace Alliance*, (July 2011): http://www.mentalhealthgracealliance.org/mental-illness-Christian/mental-illness-in-the-Bible (access April 8, 2012).

[43.] Roy Porter, *Madness: A Brief History* (USA, Oxford University Press, 1987). 3.

escape captivity (I Samuel 21:13-15), in 2Kings 9:11, the prophet servant is thought to be mad; madness is compared to foolishness in Proverbs 26:18, madness is the opposite of wisdom (Ecclesiastes 1:17; 7:7), and madness is Nebuchadnezzar's punishment (Daniel 4: 32-34).

In the New Testament: Jesus is thought to be insane by his family (Mark 3:21; John 10: 20), Jesus healed a lunatic (Matthew 17:15), Festus suggests that Paul is mad (Acts 26:24-25), believers could be thought to be mad (1 Corinthians 14:23), and Paul's ideals are so extreme as to be thought as insane (2 Corinthians 11:23).[44] This statement of calling someone mad or insane still gives rise to issues.

Justin J. Meggitt in his article "The Madness of King Jesus" gives rise to two problems: firstly, he reminds us that there is little work being done on the subject of madness or insanity during biblical times. There have been studies showing some clarity and comprehensiveness of Roman medicine but not for mental illnesses. Writers such as Jacques Andre (1987), Audrey Cruse (2004), Ralph Jackson (1991) and Vivian Nutton (2004), gave excellent works on the history of Roman diseases but gave no information towards mental illnesses. Other writers such as Geoffrey Lloyd (2003), and Robert Garland (1995) wrote on such subjects as deformity and disability in the Roman culture but had little to reveal concerning mental illnesses. The most comprehensive work cited to this day of the treatment of madness in the early civilization is George Rosen's *Madness in Society: Chapters in the Historical Sociology of Mental Illness* and this writing is over 40 years old so this work would have its drawbacks.

Secondly, in a discussion of mental illnesses, the problem of period or culture arises. For the most part, a person that is deemed "mad," in most of the readings of early

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[44] Stanford Ph.D., Mental Illness in the Bible, 141.

times demonstrated a multiplicity of behaviors. Many terms to describe a person that had gone mad overlapped one another and in different cultures and in different periods of time, the same term could have a totally different meaning. The term may include a host of different symptoms.[45]

During biblical times there was not much information available that extensively discussed the topic of mental illnesses, few if any medical writers discuss the topic. Writers such as Aulus Cornelius Celsus wrote popular encyclopedia series that covers some of the perceived on sets and treatments for those that were perceived to be mentally ill. Celsius gave some information in his writings toward the symptoms of mental illness:

> "there are several source of insanity; for some among insane persons are sad, others hilarious; some are more readily controlled and rave in words only, others are rebellious and act with violence; and of these latter, some only do harm by impulse, others are artful too, and show the most complete appearance of sanity while seething occasions for mischief but they are detected by the results of their acts."[46]

There were many common methods that are discussed by Celsus to attempt to restore the deemed insane back to normal rational. Treatments such as: dietetics, blood-letting, drugs, incubation in temples, exorcism, incantations, and amulets. Some of these treatments were mentally disarming and others were physically stressful. It was also acceptable that violence was a practice that would snap a person back to reality. In areas of the eastern Mediterranean, holes were found in ancient skulls and it was determined that these holes were not caused by war battles but anthropologists believe that these holes in skulls were made through a process called trephination. This was a process whereby a

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[45]. Justin J. Meggitt, "The Madness of King Jesus: 388-389

[46]. Ibid. 394.

hole was put in a person's skull in order to let out demonic spirits.[47] Many people that suffered from delusions were often beaten to bring them back to rational life. Starvation was also a treatment for mental illness.[48]

The mentally ill were during times of the bible were often left to fend for themselves, wondering around aimlessly trying to find basic necessities of living. In turn those deemed delusional became the subject of ridicule from the regular population. The insane became the objects of abuse, scorn, and amusement for the public. They were the subject of all sorts of cruel treatment: kicked, chased, pedal, beaten and etc. Spitting on the mad and throwing stones at them became commonplace. Children and youth became the mentally ill's closest friends and harshest ridiculers. Being killed or left for dead often became the reward of the mentally ill because they were seen as no value to society.[49]

In this biblical foundations paper, the writer will bring to focus the fact that persons with mental illnesses are in both the Old and New Testaments of the Bible. The writer believes that laying this foundation will give pastors and church leaders some essential information and knowledge that will assist them and undo the fears associated with persons with mental illness.

> But the Spirit of the LORD departed from Saul, and a distressing spirit from the LORD troubled him. And Saul's servants said to him, "Surely, a distressing spirit from God is troubling you. (I Samuel 16:14-15)

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[47] Erwin G. Sarason, and Barbara R. Sarason, *Abnormal Psychology: The Problem of Maladaptive Behavior* (Upper Saddle River, NJ: Prentice-Hall, 2002). 11.

[48] Justin J. Meggitt, "The Madness of King Jesus." 395

[49] Ibid. 394-397.

Tremendous effort has gone into attempting to understand these spirits in their relationship to King Saul. First, in this exegetical pursuit of this text, what is the "Spirit of God" and what is the need of the Spirit of God in Saul's life?

The word "spirit" in this text is a translation of the Hebrew word "ruach." This word that represents the word spirit has a multiplicity of meanings: air (i.e. breath or wind); animating force all the vital principle of life; the rational mind where thinking and decision-making occurs; the Holy Spirit of God; and the disposition of mind, heart or attitude.[50] "Who has directed the spirit of Yahweh? (Isa. 40:13)." The spirit of God has been around from the beginning. The ruach of God were the hands moved by the power of God in creating the world.[51] The very breath of every human and animal comes from the ruach of God. All human and animals breathe in because of God's spirit breathing out as stated by the psalmist in Psalm 104:29-30.[52] John Calvin commented that, "the beauty of the universe…owes its strength and preservation to the power of the Spirit…. It is the Spirit who, everywhere diffused, sustains all things, causes them to grow, and quickens them in heaven and in earth."[53]

The Spirit of YHWH has come upon men often in the Old Testament: (Judges. 3:10; 6:34; 11:29;13:25; 14:6, 19; 15:14; 1 Samuel. 10:6; 16:13, 14; 2 Samuel 23:2; 1 Kings. 18:12; 22:24 2Kings 2:16; 2 Chronicles 20:14; Isaiah 11:2; 40:13; 61:1; 63:14). When it comes, it usually comes for a specific time and a specific purpose. The

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[50]Dave Miller, Ph.D. "Did God Send an Evil Spirit upon Saul," Apologetics Press, http://www.apologeticspress.org/apcontent.aspx?category=6&article=1278 (accessed February 23, 2013).

[51] John Goldingay, "Was the Holy Spirit active in the Old Testament Times? What was New about the Christian Experience of God," *Ex Auditu* 12, (1996). 15.

[52] Ibid.

[53] Ibid.

significance of the bequest of this Spirit of God indicates God's empowerment and favor. But the most acknowledged reason for the spirit of God coming upon men was for that of empowerment. Often it empowers for great physical tasks or empowering an individual for the important task of speaking God's word.[54] There are implications that the spirit of God comes upon men, leaves for interim periods and then comes again. Only in the case of King Saul is the Spirit specifically stated to have left someone.[55]

The evil spirit that replaced the Spirit of God in King Saul's narrative is worth consideration. What was this evil spirit, and where did it come from.

In the article, "*Cosmological Reference in the Qumran Doctrine of the Two Spirits,*" the writer informs us of the acknowledgment of many types of spirits, but in general, these spirits lie under the auspices of two overall directions. The Spirit of truth and the spirit of deceit are the foundations of the spiritual world. The spirits of true are under the authority of the Prince of light and the spirits of deceit under the authority of Belial, a powerful demon.[56] Other writers refer to these two stances as no more than psychological dispositions overlooking the suggestions of cosmic dualism. The article goes on to suggest that these dispositions are found in each man. Man is prone to follow one or the other disposition in accordance to his "lot" and "inheritance."

> God makes the allotment and determines not only that good and evil shall strive in each man, but also his share in the one or the other. God has apportioned the two spirits (]^wi) to the sons of man, that they may know good and evil, and he allots (ro^ma b'BTi, "causes the lots to fall") for every being according to the spirit within him.[57]

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[54] David M. Howard Jr. Ph.D., "The Transfer of Power from Saul to David in I Samuel 16:13-14," *Journal of the Evangelical Theological Society* 32, no. 4 (December 1989): 3-4

[55] Ibid. 7.

[56] Herbert G May, Cosmological References in the Qumran Doctrine of Two Spirits and in Old Testament Imagery, *Journal of Biblical Literature* 82, no. 1 (March 1963): 3.

[57] Ibid.

God is all-knowing; all of His attributes are infinite. God's nature dictates how he operates with human. God is good and compassionate, and God's holiness and justice places God in a position in which God cannot mistreat anyone. God cannot be unjust or do anything that would justifiably be viewed as wrong, "He is the rock; His work is perfect; for all His ways are just, a God of truth and without injustice; righteous and upright is He" (Deuteronomy 32:4).[58]

By reading the list of attributes that obtained to God, what would justify God sending an evil spirit upon King Saul? Of course it would be because of Saul's continual disobedience towards the directives given by God. The evil referred to in this narrative is not necessarily spiritual wickedness, but it is often referred to as physical harm or painful hardship.[59]

In final, the writer of "*Did God send an evil spirit upon Saul*," sums it up by letting us know as did Herbert May, that the "evil spirit" may have just been the language used to illustrate the disposition of mind that King Saul had because of the wide range of meanings for the word "ruach." Saul could blame no one else for his actions of disobedience towards God's commands. Having actions that were not becoming of a King of Israel, the loss of his throne, and the extinction of his bloodline made King Saul vindictive, the subject of morbid melancholy, irritable, and jealous.[60] Can we see these traits in our own selves when we disobey the commands of God?

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[58] Miller, Ph.D., "Did God Send an Evil Spirit upon Saul."

[59] Ibid.

[60] Ibid.

Within the sixty-six canonized books of the Bible as a whole, there is little mention of mental illness or madness within the text. The story of King Saul as it is portrayed in the book of I Samuel is the first instance within the Bible where a headlining character such as the first king of Israel has the symptoms of mental illness or madness.[61] To help readers here, the writer will give some background as to how Saul becomes king and explore some of the symptom King Saul demonstrated.

The story begins with the prophet Samuel who was God's man just as John the Baptist was the first of his kind in the New Testaments to make the path straight for the Messiah, Samuel was also the first of his kind within the nation of Israel. Like John the Baptist, Samuel was very in tune to the will of God and gave little regard for his personal reputation or image. Samuel's main purpose was to listen and hear the voice of the Lord, and Israel knowing that Samuel was a true man of God followed his examples. But Samuel's problem was that he had no one to follow in his footsteps to be the example for the nation of Israel. Samuel had two sons, Joel and Abijah, (1 Samuel 8:1-3) and Samuel set his two sons as judges over the nation of Israel, but Samuel's son's did not listen to the voice of the Lord and they accepted bribes and with their dishonest gain they perverted justice then God rejected them (1 Samuel 8:1-3). As Samuel grew old, the actions of his sons drove the people to want a king. As the story unfolds, God encourages Samuel and tells him that the people are not rejecting Samuel but they are rejecting God (1 Samuel 8:7). Samuel performed and maintained great honor by following God's orders in

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[61]The Rev. Michael A Tanner, Independent Study: "Disability & Theology," *School of Theology, University of the South* 20, (August 2010) http://holycomforter.episcopalatlanta.org/images/customer-files/Church_of_the_Holy_Comforter/KingSaulAndTheStigmaOfMadness.pdf , (accessed May 5, 2012).

establishing the monarchy. This was a revolutionary act but it served as a condemnation of Samuel's life, his office and his order, thereby adding a blemish to his legacy.[62]

As a young man out looking for a lost donkey and ends up at Samuel's house, Saul is introduced into the kingly narrative of the story. During Saul's encounter with Samuel at his house, Samuel discreetly anoints Saul king over Israel and instructs Saul to journey to Gilgal so that sacrifices could be made. As Saul journeys to Gilgal, the spirit of God possesses him (1 Samuel 10:10) and after finding him hiding among baggage (10:22), Saul is made king in Mizpah. Saul's work at home is still very important to him for after gathering warriors, he returns to plowing. God's spirit comes upon him and he wars against the Ammonites. King Saul goes to Gilgal shortly after being appointed king and finds a large Philistine army waiting there. King Saul's army starts to desert after Samuel is late to arrive to give sacrifice. In seeing his army deserting, Saul takes it upon himself to give sacrifice, giving this same reason to Samuel when he arrives.

> The LORD would have established your kingdom over Israel forever, but now your kingdom will not continue; the LORD has sought out a man after his own heart; and the LORD has appointed him to be ruler over his people, because you have not kept what the LORD commanded you (13:13f).[63]

From this point, King Saul's behavior becomes bizarre. Because of King Saul's empowerment by the spirit of God, he finds victory over the Philistines Army. While King Saul's army is giving chase to the Philistine army, King Saul commands his army to not eat until he have been avenged of his enemies (14:24). King Saul orders death to anyone that defies his orders. Not knowing the king's orders, King Saul's son Jonathan, while

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[62] G. Coleman Luck, "First Glimpses of the First King of Israel," *Bibliotheca Sacra* 123, no. 489 (January-March 1966): 60

[63] Tanner, Disability & Theology, 10.

pursuing the Philistines, eats honey. King Saul is made aware of his son's actions and orders Jonathan put to death, but the people stop him. Through Samuel's ear for God and King Saul empowerment by God, Saul's victories and kingliness grows. Samuel gives King Saul orders to totally destroy the Amalekites, ancient enemies of Israel, but instead of destroying them, Saul leaves the best of the sheep, cattle, fatlings, lambs, all the valuables, and King Agag, King of the Amalekites.[64] Again when can confronted by Samuel, Saul blames the people for his actions," I have transgressed the commandment of the Lord and your words, because I fear the people and obeyed their voice" (15:24). Samuel next King Saul know, "the Lord has torn the kingdom from you this very day and has given it to a neighbor of yours, who is better than you" (15:28). Shortly after this episode, Samuel went and found David the son of Jesse and anointed him king of Israel. After anointing David," the spirit of the Lord came mightily upon David from that day forward" (16:13). Even though the text never uses the words mad, depression, anxiety, sadness, but it text just says, " now the spirit of the Lord departed from Saul, and an evil spirit from the Lord tormented him" (16:14).[65]

Through careful examination of a range of King Saul's behaviors, we can get a better understanding of some of the mental issues that he suffered.

Firstly we must bring to the forefront in examining the plight of Saul; we can understand one factor that exists with most people that may have mental health issues. King Saul was one of the manliest men in the kingdom of Israel. In the biblical description of Saul, he was the most handsome of all men in the kingdom, and he also was the tallest of anyone else in the kingdom, everyone else in the kingdom came up to his shoulders

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[64] Ibid.

[65] Ibid.

(1Sam 9:2). By Saul's father Kish sending him to find a lost donkey (1Sam 9:3), it could be assumed that Saul was a very outdoorsy type person. So looking at Saul from a physical standpoint, there would've been no way to tell that there was anything wrong with him. This analogy brings about the assumption that Saul would eventually have something go wrong with him but not in the physical sense. In other words, Saul did not have a problem with his physical health nor did he suffer from any type of disease within his body. The condition that Saul suffered is a perfect example of the difference between a functional or organic disorder.[66] The difference between the conditions is described as follows:

> a wheel may grow hot, tighten upon its bearings and become jammed though no part be broken within, the axle remaining straight and there being sufficient lubrication; but the ensemble becomes too compact, there is insufficient play, so that the wheel cannot revolve—in other words, cannot fulfill its function. On the other hand, if there were broken parts, a bent axle or cracked bearings this would illustrate what is meant by organic disorder.[67]

Being that Saul's problem was not organic but functional, what factors we can analytically put together to get some idea of what made Saul spiral into his episodes of seemingly mental health problems.

First of all, Saul seems to be reluctant to become king. The narrative of the story reads that as Samuel was casting lots at Mizpah and the lots fell to the family of Saul, Saul was not present with his family but was hiding in some baggage (10:22).[68] Secondly after Samuel chose the king, Samuel did not retire from power but still held on as the powerful

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[66] H. C. Ackerman, Saul, "A Psychotherapeutic Analysis," *Anglican Theological Review* 3, no. 2 (October 1920): 114.

[67] Ibid. 115

[68] Ibid.

prophet of God, thereby, King Saul had to basically share power with him. Thirdly as soon as King Saul took kingship, a powerful Ammonite army was waiting to attack Israel (Ch. 11). The positive of all this is that even though these pressures were there, God spirit came upon Saul in power and with this power, Saul was able to show himself as an able leader and warrior.[69] Saul's problem was that he constantly disobeyed God's orders given by the prophet Samuel. King Saul was told to wait at Gilgal, for seven days and Samuel would come and do sacrifice to the Lord before King Saul and his army went out to battle the Philistines. Samuel was late arriving and this caused King Saul's army to begin to desert. King Saul performs the sacrifices himself and right when he had finished Samuel arrived. In other instances of King Saul's disobedience, when King Saul's army did battle with the Amalekites, King Saul was ordered to destroy the king, all the people, and take no spoils, but instead, King Saul does not kill Agag, the King of the Amalekites and does not destroy the best of the sheep, the cattle, the lambs and the oxen (15:9).[70] Because of the acts of disobedience, the kingdom is stripped away from Saul and the spirit of God leaves him and ascends upon the son of Jesse, a boy by the name of David whom Samuel had already anointed as king. When the spirit of God leaves Saul, an evil spirit from God starts to torment him (Ch 15-16). This seems to be the beginning of Saul problem.

In looking at the behavior of King Saul, it can be noted that this is most likely the most recognizable case of mental illness in the Bible. The writer of this story of King Saul did not use diagnoses that would be used by psychiatrist or psychologist of modern times,

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[69] Ibid.

[70] Ibid. 115.

but in the language of his day, Saul's actions definitely pointed towards mental illness,[71] but what would be some diagnosis or assertions that Saul grappled with.

As stated earlier, Saul had a kingly look about him. Being one of the most handsome and tallest men of the Israelites, Saul was anointed and chosen by God and by God's prophet to lead the nation. Saul was meek, divinely led and was not an aggressive person, and God favored him. But as the story of Saul develops, he develops a habit of denial, self justification, and an "above the law" mentality.[72] If we consult the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition (DSM-IV), which is the catalog of the entire diagnoses goal for mental health diagnoses within the United States, we would find that many of the same traits that King Saul demonstrated would lie under the diagnoses of Adult oppositional defiant disorder.[73] At the highlight of Saul dilemma, he develops traits such as jealousy, depression, paranoia, and anxiety. Even though Saul's servant David was loyal and dedicated to him, David was the object of much of King Saul jealousy and what made it even worse, these behaviors was empowered even more by the evil spirit that tormented him.[74] King Saul distrusted his advisers, and even threatened to kill his allegedly disloyal son Jonathan because of his paranoia.

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[71] Michael Spencer, "The Christian and Mental Illness IV: Is There a Mental Illness in the Bible," Internet Monk, http://www.internetmonk.com/archive/the-christian-and-mental-illness-iv-is-there-mental-illness-in-the-bible. (accessed June 12, 2012).

[72] Ed Vainio, "The Saul Syndrome: Its Symptoms, Causes, and Remedies, Including Options for Potential Codefendant," *Enrichment Journal: Assemblies of God USA*. http://enrichmentjournal.ag.org/200704/200704_000_Saul_Syndrome.cfm. (accessed June 12, 2012).

[73] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition,* (Arlington, VA: RR Donnelley & Sons Company, 2000), 100.

[74] Ed Vainio, the Saul Syndrome.

King Saul may have suffered from a condition called cognitive dissonance.[75] Saul was in constant inconsistency and apprehension with the kingship he had been placed in. Putting these factors in play, Samuel the prophet had a problem with having a monarchy rather than a theocracy as we read in the development of the story, Samuel did not want to give up the prophetic rule of the kingdom but on God's insistence he did, could this have been one of the reasons why it took Samuel so long to get to Gilgal for the sacrificial offering. Saul did not desire the job of being a King, Saul had no formal training to be a King and surely must've thought or had apprehension as to his ability to be the King of Israel. King Saul experiencing these difficulties could have caused him to have cognitive dissonance. The condition called cognitive dissonance is an inter conflict between a person's beliefs and their external actions.[76]

According to Dr. Osher Doctorow, cognitive dissonance can lead to depression. In a 2005 article entitled *Emotional-Cognitive Conflict Dimensions* he wrote, "This could correspond to depression, learned helplessness, abandonment of responsibilities, highly indecisive behavior, etc. And indeed, in depression there is often a history of cognitive dissonance over prolonged periods (especially in clinical depression)."[77]

"A double-minded man is unstable in all his ways" (James 1:8). This was precisely the case with King Saul. Saul wanted to follow the orders of God, but yet in his unstable

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[75] David Christiansen, "Losing the Spirit of the Lord: King Saul's Woes," *The Herald Magazine*, 2007, http://www.heraldmag.org/2007/07ja_7.htm (accessed June 20, 2012).

[76] Ibid.

[77] Ibid.

condition often followed his own way. Saul was very unbalanced being the first king of Israel and this is what leads to his depression.[78]

But in all fairness to King Saul under the circumstances of the situation that he found himself in, would it be reasonable to say that he had a mental disorder at all.

We must remember that Saul took on a tremendous job as the first King of Israel but had no formal training, or anyone around him that was experienced in kingly etiquette. Saul's childhood was that of a lowly shepherd boy, even when Saul was discovered by Samuel and anointed as king was during an episode of finding a lost donkey. There were no written laws, or monarchial orders or structures for him to follow as King, so it would be easy to assume that Saul was in a very ambiguous position. [79] Could this uncertainty in kingly actions and kingly duties be the underlying factors that left King Saul in a very insecure state of mind? And this uncertainty may have been the reason why King Saul was so easily influenced by the people. In incidences such as; killing the king of the Amilics, destroying all the men, women, children and livestock, and in the sacrificial offerings that were given at Gilgal, King Saul uses the pleasing the people component with the prophet Samuel as to why he did not follow God's instructions. This insecurity in King Saul could be the reason why as David came to popularity, King Saul became jealous of David to the point of relentlessly trying to killing him.[80]

We can rationalize why King Saul could be deemed as not mentally ill, but yet after even more examination of the context of the story, Rev. Michael A. Tanner states,

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[78] Ibid.

[79] Tanner, Disability & Theology, 13.

[80] Ibid.

> Saul's behavior is so much like that of people with a mental illness that some interpreters propose a diagnosis, for instance: "anxiety disorder featuring panic attacks,"[37]"psychosis–evidently , fits of depression later accompanied by paranoia,"[38]"fits of depression,"[39]"disorder"[43]; "psychological illness"[44] ; "inward feeling of depression …, which grew into melancholy, and … passing fits of insanity"[45]; "a gloomy, suspicious melancholy, bordering on madness"[46]; "melancholia"[47]; "mental disorder" benefitted by "music therapy"[48]; "cerebral disease," "unhingement of mind"[49];"a mental illness.[81]

Now that we have made solid case of mental illness being in the Old Testament, we can take analyze the New Testament and investigate evidence to bring forth the existence of mental illness there.

It seems in the New Testament, God actually breaks through the annals of time in a personal way and takes on human form in the person of Jesus Christ. (Matt. 1:23) Human existence was still plagued by the condition of sin. Sin has become so intertwined in demand existence that nothing we could do could save us from it. Even scrolling forward to today's modern society, the effects of sin have not and cannot be completely exonerated from the human condition. Today's modern society has moved more towards psychology, treatment by doctors, drugs, group therapy, and etc., to do away with sin's impact on the human condition. But we can easily assume that this is not the first time that humans have tried to find items that would do away with the impact of the condition of sin in humans. In this foundation for mental health in the New Testament, we can relate the same rationale to the Pharisees, the Sadducees and others of the religious order that rigidly followed the Mosaic laws and ordnances as the way to clean the impact of sin.[82] It is important to note that Jesus Christ came from God in order to offer humans salvation, that no matter where we find ourselves under the influence of sin, it is still possible to go to

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[81] Ibid. 14.

[82] Sidmundson, "Mental Health in the Bible," 145.

God. Even when the circumstances of our childhood, adolescence, and adulthood has made it difficult to achieve mental health, we can still go to God under the ordinances of God's grace and be saved. This is the foundation of salvation.[83]

One of the prevalent developments in the New Testament that demonstrates the presence of mental illness is brought forth in the gospel of Mark 5:10-20, the tale of the demoniac at Gerasenes:

> They came to the other side of the sea, to the country of the Gerasenes. [2] And when Jesus had stepped out of the boat, immediately there met him out of the tombs a man with an unclean spirit. [3] He lived among the tombs. And no one could bind him anymore, not even with a chain, [4] for he had often been bound with shackles and chains, but he wrenched the chains apart, and he broke the shackles in pieces. No one had the strength to subdue him.[5] Night and day among the tombs and on the mountains he was always crying out and cutting himself with stones. [6] And when he saw Jesus from afar, he ran and fell down before him. [7] And crying out with a loud voice, he said, "What have you to do with me, Jesus, Son of the Most High God? I adjure you by God, do not torment me." [8] For he was saying to him, "Come out of the man, you unclean spirit!" [9] And Jesus asked him, "What is your name?"He replied, "My name is Legion, for we are many." [10] And he begged him earnestly not to send them out of the country. [11] Now a great herd of pigs was feeding there on the hillside, [12] and they begged him, saying, "Send us to the pigs; let us enter them." [13] So he gave them permission. And the unclean spirits came out and entered the pigs; and the herd, numbering about two thousand, rushed down the steep bank into the sea and drowned in the sea.
> [14] The herdsmen fled and told it in the city and in the country. And people came to see what it was that had happened. [15] And they came to Jesus and saw the demon-possessed man, the one who had had the legion, sitting there, clothed and in his right mind, and they were afraid. [16] And those who had seen it described to them what had happened to the demon-possessed man and to the pigs. [17] And they began to beg Jesus to depart from their region. [18] As he was getting into the boat, the man who had been possessed with demons begged him that he might be with him. [19] And he did not permit him but said to him, "Go home to your friends and tell them how much the Lord has done for you, and how he has had mercy on you." [20] And he went away and began to proclaim in the Decapolis how much Jesus had done for him, and everyone marveled.

To get a better understanding of this event is to examine the social importance of Jesus and demoniacs.

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[83] Ibid.

It is clearly evident by the Scriptures that the performance of exorcism was important in Jesus' ministry. In all, there are five different stories in the New Testament that deals with Jesus and exorcisms directly and then other sidebar stories that show that one of Jesus' regular activities in ministry was performing exorcisms. The performances of exorcisms by Jesus are mentioned more times in the New Testament than any other specific type of healing. [84] But what reason can we evaluate did Jesus spent so much time in the performance of exorcism, could it of been to demonstrate that not only did he have authority over the physical world by the healing of physical sickness and diseases but also authority over the spiritual world by casting out demons.

The existence of demons was not just a phenomenon of the culture of Israel, but the knowledge of the existence of demons went as far back in history as the Code of Hammurabi and can be found in the ancient writing of Babylon and Egypt, even ancient Greek mythology has references to demons.[85] Arabians and early Palestinians called these demonic forces Jinns. Historians such as Josephus and Apuleius wrote about demons. Contrary to the beliefs in New Testament times, demons were the bearers of good and well as evil tiding.[86]

The existence of demons came about through the idea that ancient gods, because of their majesty, did not have the time to interact with the manual needs of mankind and so demons would fulfill the transference of messages and other communications from gods to mankind and vice versa. Demons were believed to be formed of the clearest liquid air and

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[84] Hollenbach, "Jesus, Demoniacs, and Public Authorities," 568.

[85] John Sutherland Bonnell, "Jesus and Demon Possession," *Theology Today,* no. 13, (July 1956): 208.

[86] Ibid.

were invisible to the sight of men unless the demon of its own volition revealed itself and the place of their physical existence was between earth and sky much like clouds.[87]

> Animistic beliefs surround the organs of demons, John Bonnell states, "Man found himself confronted by forces he was unable to control. These exercised a destructive influence over him. Plague, sunstroke, flood, lightning, hurricanes, earthquakes were ascribed to wrathful personal agencies whose malignity men should endeavor to avert....The sick, sorrowing ones, bridegrooms and brides and others entering upon new experiences were especially liable to their assaults."[88]

By the times of Jesus, the possession of people by demons was a well established belief. Jesus used this point to let the religious authority know that He was sent from God (Luke 11:20).

The episode begins as Jesus is on the other side of the Sea of Galilee after calming a storm. The event takes place in the land of Gerasenes, Gadarenes, or Gergesenes as recorded in the Gospels of Matthew, Mark, and Luke.[89] Craghan gives a brief summary of the actual exorcism event, "a) a man with an unclean spirit; b) the violent cry, "What have you to do with me?" or an equivalent reaction; c) Jesus' rebuke and the command to depart; d) the violent reaction of the man with the unclean spirit; e) the amazement of the crowds."[90]

Examining the text, we find that there are factor about the demoniac the stands out that would not only elude us to demonic possession but also mental health disorders. Bob Deffinbaugh, in his writing concerning this demoniac, helps us to see these factors:

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[87] Ibid.

[88] Ibid. 209.

[89] John F. Craghan, "Gerasene Demoniac," *Catholic Biblical Quarterly* 30, no. 4 (October 1968): 522-536.

[90] Ibid.

> (1) Severe personality change. The 'before' and 'after' descriptions of the demoniac reveal that he was a totally different person under demonic influence. It is something like the behavior and personality change in a man who is totally intoxicated. More than this, however, is the fact that the man's own identity and individuality were swallowed up by the demons with him. When Jesus asked his name the man answered, "Legion, for we are many" (Mark 5:9). Those who have witnessed demon possession tell us that each demon has its own distinct personality and that the individual possessed begins to manifest the distinct personality of the demon by which he is possessed. If it is a feminine spirit, the voice will be a feminine one, if masculine then very manly.
> (2) Anti-social behavior. The conduct of this pathetic individual was obviously anti-social. That is why he was living in the solitude of the tombs, away from civilization.
> (3) Spiritual insight. The demoniac further evidenced demon activity by the depth of his spiritual insight. Instantly he recognized the Lord Jesus to be the Son of God (verse 7).[116] There was a source of spiritual insight beyond human capabilities here. In addition, Matthew includes the comment, "Have You come here to torment us before the time?" (Matthew 8:29). This reveals to us that demons have an intuitive knowledge of their impending doom.[117]
> (4) Super-human strength. Also, frequently associated with demon possession was a super-human strength (cf. Acts 19:16). The demoniac was uncontrollable by any of the normal means of human confinement. No matter what men attempted to bind him with, he broke loose. No one was strong enough to subdue him (verses 3, 4).
> (5) Torment. The price tag of possession was high, for those who fell victim to the demons agonized in constant torment. Such was the case with this man (cf. verse 5). His animal-like shrieks must have sent chills up the spines of any who were nearby.
> (6) Tendency towards self-destruction. Another indication of demonic control is the fact that this man was continually doing harm to himself by gashing himself with stones (verse 5). Other demoniacs described in Scripture were bent on self-destruction as well (cf. Mark 9:17-29). The destructive desires of the demons were dramatically carried out in the drowning of the swine.[91]

In order to understand the mental health implications of the episode with this demoniac, we must look at some of the theories of social psychology.

The tensions that exist in a particular society can heighten the onset of a condition called mental derangement. The derangement of course is a condition of confusion that is

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[91]Bob Deffinbaugh," The Gerasene Demoniac (Mark 5:1-20)," The Bible.Org http://bible.org/seriespage/gerasene-demoniac-mark-51-20 (accessed on 7/25/2012).

caused by a sudden change in cultural, economical, or traditional conditions.[92] Hollenbach in his essay alludes to the type of sudden change that would be brought about during "oppressive colonialism" by an overwhelming force much like the Romans during the times of Jesus. From the standpoint of the oppressed, Hollenbach gives us two different viewpoints:

> On the one hand, there are the native "colonized intellectuals [who] have begun a dialogue with the bourgeoisie of the colonialist country" (44), who would be comparable to the Sadducees, who were sympathetic to Hellenistic culture and the Romans. On the other hand, there are the cowering natives: the glance of the colonialist shrivels him up and freezes him, and the colonialist's voice turns him into stone (45). This so-called lumpenproletariat, "that horde of starving men, uprooted from their tribe and from their clan" (129), is comparable to the alienated masses of Jesus' day who were also economically oppressed, threatened with cultural disruption, and who were searching for deliverance.[93]

Could these drastic changes in the social culture of Jesus' times give reason why demonic possession or mental derangement was so prevalent?

King Saul allowed his cognitive dissidence to lead him to continue to disobey God's orders and ultimately, he paid the ultimate price for his disobedience by God lifting His protection from him and King Saul and his two sons being killed in battle. The demoniac on the other hand was healed by Jesus.

In final, in this biblical foundation section, the writes ascribes for all readers to know that Jesus has the power to heal and has given His followers this power through His name to heal physical and mental diseases.

Healing stories are present all throughout the Bible. The Old Testament within its writing is clear proof and evidence that God can and does heal. The mother of Sampson in Judges 13:5-24, Sarah in Genesis 18:10-14, Hannah the mother of Samuel in I Samuel

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[92] Hollenbach, "Jesus, Demoniacs, and Public Authorities:" 573-574

[93] Ibid.

1:19-20, and in II Kings 4:16-17 the Shunammite woman were all healed of nonproducing wombs. Both the prophet Elijah and Elisha healed a child by the power of God, (1 Kings 17:17-23; 2 King 4:18-37). There are stories of bodies being raised from the dead (2 Kings 13:21). [94]

Many references are made towards healing in the book of Psalms. Psalms 41, 46, 62, 74, 116, 121, 147, 91, and Psalms 103 all give references to healing either by protection or conditions of the mind, body, or social and political situation.[95]

"The eyes of the blind shall be open, ears of the deaf unseal, then the lamb shall leap like a deer and the tongue of the dumb sings with joy," is a familiar passage of Scripture from the prophet Isaiah.

And oh, what so strong a verse can direct us to the healing power of Jesus the Christ than as seen in Isaiah 53:5,"but he was pierced for our offenses, crush for our sins; Upon Him was the chastisement that made us whole, and by his stripes we are healed." The compassion of Christ or the love that God has for man is demonstrated through the healings that is shown in the New Testament.

Human suffering and healing, as we see, is not a new concept, but a new sense of awareness of spiritual healing is bursting its way onto the scene today. The mass media is now becoming aware of the therapeutic nature of prayer and meditation as a replacement for drugs and surgery. In the art of healing there is growing evidence through scientific study, literature, and empirical evidence that ascribes that prayer and faith can bring about healing. Dr. Larry Dorsey M.D. states that," so pervasive that not to recommend the use of

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[94] Uralikunnel, *Spiritual Healing Of Veterans*, 73.

[95] Ibid.

prayer as an integral part of medical care will one day constitute medical malpractice," is this because he is so impressed with the effectiveness of prayer in the arts of healing. [96]

The information presented constitutes a solid foundation of mental illness presented in the old and new Testaments of the Bible. Mental illness as we know it today, is not a new concept that was absent in biblical times. Just as God had power to deliver and heal in the Old and New Testaments, God still heals right today. As we have given much of the handling of persons with mental illnesses over to psychiatrist and psychologist and other mental health professionals, let us not forget our give up on the healing power of God as it is laid out in the passages of the Bible.

Theological Foundation

Samuel Proctor believed that the world is inherently good; even though, we do not know all there is to know about the world. [97] In his book," My Moral Odyssey," Proctor confesses that mankind has discovered and solved problems with tuberculosis, yellow fever, and heart transplants, but as he states," diabetes, AIDS, and many mental illnesses still defies us." Proctor lets us know that our stay here in this world is short, but during the time that we are here we should strive to get beyond the primal instincts of the hinder brain and saturate ourselves in the selfless love of Jesus Christ.[98] In order to make this transformation, every Christian must realize that he or she is a theologian. Every situation that we face in life must be analyzed from the perspectives of our faith. From choosing an occupation, to choosing what entertainment we choose to view, every Christian understands life's joys and pains through the eyes of faith. The Christians' faith is

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[96] Ibid. 74-76.

[97] Samuel Proctor, *My Moral Odyssey* (Valley Forge, PA, Judson Press, 1993), 98-99.

[98] Ibid.

expressed in words, deeds, and manner of life. Because theology is a mirror on what we believe and how our lives are shaped by it, most if not all activities of the Christian is theological.[99]

Because of the difficulties that rise in Christianity from age to age, theology is needed to have an understanding of our language, our concepts, ourselves, and the questions that arises on certain issues.[100] In this discussion of the connection between Christianity, the church, and the impact of mental health on them; the use of theology can help us to get a better understanding of how the specific entities should interact.

The interest in theology as a scholarly discipline is increasing. It is interesting to note that over the past ten years there are increasingly more and more individuals that are engaging in the study of theology. There has been an increasing influx in the ethnicity and cultural diversity of this population. The number of women that is studying theology has increased. The days of having one woman among a body of males in a seminary classroom has gone. Also ethnic minorities and international students are now filling the classrooms, where in the past classrooms was predominantly filled with Caucasian students. These factors have been the catalyst for an increasing number of theological writings that have been performed by Third World Christians. The numbers of Third World Christians have grown much more rapidly than the number of European and North American Christians. But yet this globalization of theological interest has not been reflected in the writings of North American Christians.[101]

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[99] Owen C. Thomas and Ellen K. Wondra, *Introduction to Theology* (Harrisburg, PA, Morehouse Publishing, 2002), 2.

[100] Ibid. 3

[101] Millard J. Erickson, *Christian Theology* (Grand Rapids, MI, Baker Book House Company, 2007), 11.

> Today, God is creating wave after wave of people receptive to the gospel. Due to a plethora of problems in our world, more people seem to be open to the good news of Christ than at any other time this century. Unfortunately, because our churches have not been taught the needed skills, we are missing the spiritual ways that could bring revival, health, and explosive growth to our churches.[102]

The writer believes that churches that have the proper theological foundations can provide healing and restoration to the ever-increasing number of people that find themselves as captives in the arena of mental illness.

In order for the church to be an avenue of healing and restoration for those with mental illnesses, not only must the church recognize the vast numbers of people coming to church that is experiencing mental illnesses but also the burden of mental illnesses upon the family unit as a whole.

Family burden is the emotional and economic strain that family members experience when a relative is discharged from a mental hospital and returns home. Since World War II, the length of hospital stays has declined steadily and deinstitutionalization has promoted community care of the mentally ill. Studies suggest that more than 65 per cent of discharged mental patients return to their families. Family burden is a complex problem that seriously affects the treatment of chronic mental patients.[103] Many people experience mental health problems at some time during their lives. At least one in five children and adolescents may express a mental health problem in any year and in the U.S., it is estimated that one in 10 children and adolescents suffer from mental illness

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[102] Rick Warren, *the Purpose Driven Church: Growth without Compromising Your Message and Mission* (Grand Rapids, MI, Zondervan Publishing House, 1995), 14.

[103] Howard H. Goldman, "Mental Illness and the family Burden: A Public Health Prospective," American Psychiatric Association, http://ps.psychiatryonline.org/article.aspx?articleID=68434 (accessed November 3, 2011)

severe enough to cause some level of impairment. However, in any given year, it is estimated that fewer than one in five of such children receives needed treatment.[104]

A mental disorder in children results from the interaction of a child and his or her environment. Thus, mental illness often does not lie within the child alone. Within the conceptual framework and language of integrative neuroscience, the mental disorder is an "emergent property" of the transaction with the environment. When proper assessment of a child's mood, thought, and behaviors combined with a simultaneous consideration of nature and nurture, genes and environment, and biology and psychosocial influences; a mental illness can be diagnosed and treated.[105] Mental illnesses in children should be treated. When young people's mental health problems go untreated, it can affect their development, school performance and relationships. The state of their mental health affects how they view themselves and others, how they evaluate and react to situations, and what choices they make and actions they take. Because mental health problems can affect a young person's judgment, in the rare case, emotional disturbances and mental disorders can be a risk factor for violence.[106] The concept of family burden illustrates the impact of mental illness on families. Objective burden includes the practical, day-to-day problems and issues related to having a family member with a mental illness, such as loss of income and disruption of household routines. Subjective burden includes the

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[104]. R. M Friedman, J. Katz-Leavy, R. W. Manderscheid, and D. Sondheimer, *Prevalence of Serious Emotional Disturbance in Children and Adolescents* (Washington, DC, U.S. Government Printing Office, 1996), 71.

[105]. The U.S. Department of the Surgeon General, "A Report of the Surgeon General Mental Health 1999: An Overview of Mental Health Disorders in Children," U.S. Government Printing Office, http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec3.html (accessed November 4, 2011).

[106]. National Dissemination Center for children With Disabilities, "Emotional Disturbances," NICHCY, http://nichcy.org/disability/specific/emotionaldisturbance (accessed November 4, 2011).

psychological and emotional impact of mental illness on family members, including feelings of grief and worry. The stresses of illness exacerbations coupled with limited social and coping capabilities contribute to subjective burden.[107] The recent Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) study found that most family members reported strains associated with supporting their ill relative.[108] Studies have found that caring for a child with mental health care needs effects financial well-being more than caring for a child with other special health care needs. Parents of children with mental health disorders are also more likely than other parents to cut work hours, to quit work, and to spend more time arranging their child's care.[109] Research has found that some of the problems that family members cope with from family members that have a mental illness are: they do not do any work, do not do any house hold tasks, poor personal hygiene, and slowness. It has been found that relatives with more education were more often distressed by the behaviors of the mentally ill. In research conducted by Solomon, Beck and Gordon (1988), they found that family members' main concerns for patients just released from a mental institution were: not having a highly structured supervised living arrangement when released to the community. Families did not feel that they could provide the majority of care that would be needed when a patient was released into the community.[110]

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[107] P. Solomon, and J. Draine, "Subjective burden among family members of mentally ill adults: relation to stress, coping, and adaptation," *Am J Orthopsychiatry* 65, no. 1, (March 1995): 419.

[108] D. A. Perlick, R. A. Rosenheck, and R. Kaczynski et al., "Components and Correlates of Family Burden in Schizophrenia," *Psychiatry Service* 57, no. 26 (January 2006): 1117.

[109] Susan H. Bush and Collen L. Barry, "Mental Health Disorders in Childhood: Assessing the Burden on Families," Health Affairs, http://content.healthaffairs.org/content/26/4/1088.full?sid=fa726578-d261-40db-acb6-406e37546cd3, (accessed November 4, 2011).

[110] Harriet P. Lefley, Mona Wasow, and D. Marsh, *Helping Families Cope with Mental Illness*, (New York NY: Taylor & Francis, 1994), 311.

Over the past half century, the model for mental health care has changed from the institutionalization of individuals suffering from mental disorders to a community care approach backed by the availability of beds in general hospitals for acute cases. This change was based upon three independent factors:

> Psychopharmacology made significant progress, with the discovery of new classes of drugs, particularly narcoleptics and antidepressants, as well as the development of new forms of psychosocial interventions.
> The human rights movement became a truly international phenomenon under the sponsorship of the newly created United Nations, and democracy advanced on a global basis, albeit at different speeds in different places.
> Social and mental components were firmly incorporated in the definition of health of the newly established WHO in 1948.[111]

Since the treatment of mental illness began to shift from hospitals into community settings, people dealing with mental health conditions became regular users of a wide range of community institutions and services. When patients needs are not well addressed, as in the case of homeless mentally ill people, the results can be tragic. Nearly 30% of homeless individuals suffer from severe and persistent mental illness. The creation of the insane asylum was basically to take the mentally ill people off of the streets. Actually these asylums were in reality prisons and not treatment centers. They were filthy and dark and the inmates were chained. These mentally ill people were treated more like animals than human beings.[112]

Now as services are exiting out of asylums and institutions and becoming more community based, what responsibility does Christendom have towards those mentally ill persons and their families?

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[111] Ibid.

[112] David Treece, Hari P. Ragarajan, and Jordan Thompson, "Past, Present, and Future of the Asylum," Innovation Incubator, http://www.perkinswill.com/files/Past%20Present%20and%20Future%20of%20the%20Asylum.pdf (accessed November 5, 2011).

Because mental health services are now more concentrated in the community which the family and extended family bears much of the responsibility, "In order to explore the possible responsibility of the Christian Church towards persons with mental disabilities and their families, Norris will examine a number of the theological foundations or doctrines of the Christian faith that would best guide the church to assisting people with mental disabilities.

The writer has been preaching the gospel of Jesus Christ for over twenty-five years. During this time, from his observations, most churches that he has attended do very little for those persons with mental disabilities; it seems as thou of the thousands of people that have been diagnosed with a mental illness, most are alienated by the majority of church bodies when there should be support both spiritually and physically. Why is this? It would seem that from the church's fundamental theologies and doctrines that Christendom would come running to the aid of persons with mental disabilities and their families.

What are the basic fundamental beliefs of the Christian church that would cause this type of response from the church? The writer is reminded of the Old Testament and New Testament days when lepers were separated and ostracized from the social populous because of their illness. These lepers resorted to living in caves and in desolate areas because of the contagiousness of their disease. It has not been factionalized up to now that mental disabilities or mental illness is a contagious disease. In many instances, by the way the church treats people with mental disabilities; it could be viewed in the same stratum.

Not only is the writer's personal witness of the church overlooking the mentally ill population true, it is also founded by research.

Congregations do not offer enough support is the conclusion of a study conducted by Baylor University. This study by Baylor was the first to research the relationship

between church and the mentally ill family member. The findings were interesting, the household of faith, does not engage, has a lack of awareness, and a lack of understanding when it comes to the mentally ill. The participants of the study represented four Protestant denominations, twenty-four churches and almost 6,000 members.[113] A study conducted by Indiana University East and Ball State University in Indiana concluded that pastors are far removed from mentally ill family members, and should be further educated about mental illness and how families are affected by it. The participants of this study were 1,031 pastors in Indiana and Virginia. Other results of the study were, "Most pastors reported knowing five or fewer families, on average, with mental illness in their congregations. About 90 percent rejected attitudes of hopelessness or blame regarding mental illness and agreed the church should sponsor more programs that educate pastors and support families. Less than a third worked in churches that offered outreach services for the mentally ill and only 10 percent had counseled a mentally ill person on a weekly basis."[114]

Monica A. Coleman, Associate Professor of Constructive Theology and African American Religions, Claremont School of Theology, states,

> My church, like many others, conveyed messages about mental health: Parishioners thanked God for "waking up and being clothed and in their right minds." I had heard the story of a man named Legion in Mark 5:1-20 and concluded that crazy people were demon-possessed. I had heard people say that depression was a result of insufficient faith or failing to count one's blessings. I had heard prayers for congregants with cancer, diabetes and heart disease... but never for people who were struggling with their mental health. I had little language for thinking about mental illness, and no faith for living with it.

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113. T. Borchard, "Families Affected by Mental Illness Feel Little Support from Churches," Psych Central, http://psychcentral.com/blog/archives/2011/06/29/families-affected-by-mental-illness-feel-little-support-from-churches (accessed November 5, 2011).

114. The General Board of Global Ministries, "Few Pastors Deal with Mentally Ill, Surveys Show," United Methodist Post, http://gbgm-umc.org/disc/mill1.stm (accessed November 5, 2011).

> I now wonder what might have happened if I had ever heard a minister preach about mental health. When the church quoted "Matthew 25:35-40" about how we should feed the hungry, give drink to the thirsty, invite in the stranger, clothe the naked, visit the imprisoned and look after the sick, people living with mental health challenges didn't count. What would I have thought if we had prayed for people living with depressions, schizophrenias, or borderline personality disorders like we prayed for people who were diagnosed with diabetes or who had heart attacks?[115]

Other studies that were reviewed by the writer were shown to have similar outcome. Pastors were not equipped to deal with mentally ill family members. Congregants and leadership had much insensitivity when it comes to the mentally ill.

Can a close analysis of the fundamental theology of the Christian community give us some ideas of how the Christian church should treat and aid persons with mental disabilities?

The word theology is a classical Greek word that was derived from the Greek telling stories giving tales of the Greek gods. In the early church when someone spoke on the subject of God it was expressly called theology. Christian theology is seen from several different viewpoints. In the early history of the church, theology is a course that guides "one's soul to the contemplation of the divine."[116] In other words, theology helps the human soul to think about the concept and the realness of God. But in accordance to definition this is not the only purpose of theology. Some believed that the uncovering of truths about God in obtaining life by the use of reason and experience. For others the purpose is to convince the unbeliever or to overcome one's intellectualism towards the

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[115] Monica A. Coleman, "Will the Church Look After the sick," The Huffington Post, http://www.huffingtonpost.com/monica-a-coleman/mental-health-awareness-week-will-churches-look-after-the-sick_b_994927.html (accessed October 15, 2012).

[116] Justo L. Gonzalez, *Essential Theological Terms* (Louisville, KY, Westminster John Knox Press, 2005), 170.

belief of God. Another suggests that theology gets the believer to get a deeper grasp of what he or she already believes about God.[117] Dorothee Solle suggests that the purpose of theology is "faith seeking the clarity of its cause."[118] In this sense," it is a reflection on the Christian life amid struggles for freedom or liberation, for the full humanity of all persons, and for the transformation of human persons and societies as manifestations of and in expectation of the reign of God."[119] With the pressures of each age, the Christian and the church must perfect the message and faith to meet the demands of the pressure to contain the message of the Christian to the delight of popular society. The pressure on the Christian to make his message relevant to the trends of that age could possibly make the message lose its purpose. On the other hand, if the Christian or the church message to the present age is too conservative or too rigid; then the message becomes unuseful to the present age. The function of theology is to test, criticize, and revise the language that the church and Christians use about God. This test is based upon God's self disclosure to which the Bible gives testimony. Because the church's or the Christian's language concerning God can sometimes fall into error and confusion, this analysis is necessary. Because the Holy Spirit has been given the task of keeping and guiding the church into all truth, this testing is valid.[120] In applying theological analysis to the voice of the Christian church we can make better assumptions as to how the church should be interacting with persons that have mental disabilities.

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[117] Ibid. 170.

[118] Dorothy Solle, *Thinking about God* (Philadelphia, PA: Trinity press International, 1990). 26.

[119] Thomas and Wondra, *Introduction to Theology,* 1.

[120] Ibid. 2.

There are different disciplines within theology that can give the church some direction in areas that the church would need clarity and direction. The writer researched some of these fields such as: Pastoral theology, Practical theology, and Liberation Theology.

The office of the pastor is dealt with by the guidelines of pastoral theology. The roles, tasks, duties, and work of the pastor as it pertains to God's self-disclosure towards the office of the pastor is given awareness in the history of the bible and this makes it theology.[121]

The practice of ministry is the primary focus of pastoral theology that contributes to formation of pastoral duties and function into a systematic pattern. Because of this fact, pastoral theology lies as fragments of systematic and practical theology. Pastoral theology's burden is to give clear guidance in ministry and improve the practice of ministry as it develops the theoretical with the practical, thereby developing pastoral ministry that is accountable to scripture, tradition, and practical experience.[122]

Practical theology is "theological reverie on our participating in and with the emergence and maintenance of communities of transformation and nurture in the world."[123] Contemporary writers on the subject of practical theology would include such names as Don S. Brown, Elaine Graham, Gerban Heitink, Richard Osmer, James Woodward, John Reader, Terry Velling, and Dorothy C. Bass.

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[121] Thomas C. Oden, *Pastoral Theology: Essentials of Ministry* (New York, NY: Harper Collins, 1983), 1.

[122] Ibid.

[123] Helene Russell, and K. Brynolf Lyon, "Positioning Practical Theology: Contextuality, Diversity, and Otherness," *Encounter* 72, no. 1 (March 2011): 16.

The dynamics of the practical and the contextual dimensions are the focus of Practical theology. At first glance, practical theology could be recognized from a pastoral or ecclesial viewpoint. But a closer glance finds that practical theology is a more in-depth examination on the purpose of God's intervention in this world and the ways that humans can be involved in it. Even under close scrutiny, practical theology could be translated as if its principal focus is of the clergy; that is assisting the clergy as to the skills and practice of the pastorate. But from a broader sense, practical theology is "concerned with communities of authentic transformation and nurture and the ways in which people participate, for better and for worse with the spirits and spirit generating their emergence and maintenance."[124] In essence, these societies could not only be clergy or ecclesiastical communities but also communities such as therapy groups, charitable organizations, families, work groups and basically any community can be impacted by practical theology when that group is promoting nurture and transformation. But those groups that are especially in tune to God's purpose and involvement, such as the church, in the world would be particularly impacted by the theories of practical theology.[125]

Before the discussion of Liberation Theology comes to full form, the writer will discuss another subject that is prevalent and can help bring clarity to why liberation is needed.

The institution of scarcity has lead to the struggle for available resources. For some biblical scholars it seems all throughout the Old Testament there is portrayed "a cosmic

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[124] Ibid. 17.

[125] Ibid.

shortage of prosperity."[126] It seems as though everything that humans need to survive and prosper is in a condition of deficiency. Land, power, resources, and even the benevolence of God, are all marked as dearth and therefore in order to have an adequate amount, there is a struggle over the resource. This is seen in the story of Cain and Abel as they struggle for the blessing of God. The story of Jacob and Esau as they struggle for the parental blessing as it can fall to only one son.[127] Regina Schwartz in her book *The Curse of Cain* writes:

> We are the descendents of Cain because we to live in a world where some are cast out, a world in which whatever law of scarcity made that ancient story describe only one sacrifice as acceptable… Still prevails to dictate the terms of a ferocious and fatal competition. Some lose.[128]

This idea of scarcity is the backdrop of most of today's ethical system."The law assumes that we cannot have what we want, and so we will covet, steal, or even kill our neighbor to get it."[129] Could this idea of scarcity have subtly twined it principles into the church as a struggle between those that are physically ill and those that are mentally ill and thus far it seems that the physically ill has won the blessings of God while the mentally ill has been cast out to mental asylums, psychiatric hospitals, programs for the mentally ill, psychiatrist, and psychologist.

Schwartz assumption is that in order to bring about violence or oppression to a group, the group first has to be identified: "we are us because we are not them." It is easy to identify the other because they are not us. The Old Testament clarifies itself as a book

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[126] Janet Trisk, "The Violence of Monotheism," *Journal of Theology for Southern Africa,* no. 140 (July 2011): 73.

[127] Ibid.

[128] Ibid.

[129] Ibid.

of separation, Israel is told by God not to marry others, not to worship other gods, to separate itself from other nations. But it is not only the religious writings in the Bible that incases this concept but also in the writings of western Christendom and the understanding of modern nationalism, all adhere to this concept of separation.[130]

Can we stop there in looking at how violence or oppression can be brought to certain groups because we separate ourselves from them? In the book *The Disabled God*, the idea is discussed of being separated and oppressed from the standpoint of being perfect?

> What are we to make of Matthew's language that we are to be perfect as our "father in heaven is perfect" (Matthew 5:48)? What are we to make of the biblical language that declares eligible for priestly acts only those who are "unblemished" (Leviticus 21:16-23)? Is there a way, once and for all, to put a deer logical halt to any notion of diminishing value our stigma that attaches itself to a disabled person because of these commands for perfection?[131]

Could it be that we the church have drawn separation lines on the bases of scarcity and the idea of perfection when it comes to the mentally ill? Burton Cooper writes:

> Feminist reminds us that it was male religious leaders and male theologians in a patriarchal culture who were responsible for the dominance of male language and imagery in regard to God. The point is well taken. The form of the argument has special relevance to disable Christians. As feminists argue, despite all the male images of God, men do not, by virtue of their maleness, more closely represent the image of God than do women. So it is true that the able-bodied do not, by virtue of their able-bodied and, more closely represent the image of God than do the disabled. God does not see with eyes, nor hear with ears, nor move with legs, and so forth…..by virtue of those impairments, in violation of the God's commandment to be perfect. We are commanded to be perfect, as the God of the bible is perfect.[132]

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[130] Ibid. 75.

[131] Burton Z. Cooper, "The Disabled God," *Theology Today* 49, no. 2 (July 1992): 173.

[132] Ibid. 174.

The writer believes that the bases of liberation theology would be best practice for the plight of the mentally ill to provide them with freedom and liberation. "Liberation" is used in this theological section of this project to highlight the spiritual and physical obligation of the church to alleviate oppression and suffering especially on the behalf of the mentally ill. As discussed in the family burden section of this paper, because of the physical, financial and emotional burden of mental illness on families, not only do the people with mental illness join the ranks of the oppressed but many families join the ranks of the oppressed and need liberation.

Because the church is God's institution on Earth, it must pursue the example and replicate Christ's work here. As we examine the ministry of Jesus on earth and discover other roles other than Savior that Jesus demonstrated, then we to, the church, must also follow suit and be like Christ.

In the book, *A Theology of Liberation*, the writer states:

> In the Bible, Christ is presented as the one who brings us liberation. Christ the Savior liberates man from sin, which is the ultimate cause of all disruption of friendship and of all injustice and oppression. Christ makes many truly free, this is to say, he enables man to live in communion with him; and this is the basis for all human brotherhood.[133]

Gustavo Gutierrez, one of the fathers of liberation theology, focused his creative writing efforts into eliminating the poverty that was evident in Latin America. He believed that this poverty along with its causes and consequences was death-dealing and denied humans that basic right to exist and thrust people into an equation that gave them a higher chance at dying than living.[134] As the writer focus in on mental illness and the family

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[133] Gustavo Gutierrez, *A Theology of Liberation* (Maryknoll, NY: Orbis, 1973), 36-37.

[134] Gustavo Gutierrez, *We drink from our own wells: The spiritual journey of a people* (Maryknoll, NY: Orbis, 1984), 2.

burden, the liberation of these people in Latin America brings us some familiarity with the mentally ill population here in America as poverty, oppression, and death takes their toll on this population.

Liberation theology is understood by the liberation theologians as a power and grace that comes from God and is vaulted upon by the efforts of men and inspire to free people from:

> Unjust political, economic, ecological or cultural structures that destroy people that are based on racism, classism, sexism, or nationalism to a more just and life-giving society;
> The power of faith where persons believed they are locked in a predestined poverty that leads to apathy and despair to spirituality based on hope and action; Personal sin and guilt to a realization and a surety of God's divine mercy and forgiveness.[135]

Liberation Theology raise people even the mentally ill to a more just and life giving society. Because of this belief, liberation theologians have risked and given their lives in the effort to raise people above the shackles of oppression and poverty. One such example can be given with Archbishop Oscar Romero in San Salvador in 1980. As many poor people were being unjustly arrested and killed, the Archbishop, in a message that was broadcasted all around the country by radio, pleaded with the army and security forces not to kill the peasants. The Archbishop based his plea on the moral law "thou shall not kill" asking the troops and militias to defy orders and put down their weapons. The Archbishop was later shot and killed some months before civil uprisings began.[136]

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[135] Robert McAfee Brown, *Liberation Theology: An Introductory Guide* (Louisville, KY: Westminster John Knox Press, 1993), 61-63.

[136] Phillip Berryman, *Liberation theology: Essential facts about the revolutionary movement in Latin America and beyond* (Temple University Press, PA: Random House, 1987), 1-3.

Liberation Theology has not just rested its influence on the annals of the church. In 1980, the Reagan administration used some theories of liberation theology to justify its Central American policy. Members of the Reagan circle that were on the Santa Fe committee wrote the blueprint of the policy encouraging positive actions towards liberationist movement in the region.[137]

How can liberation theology affect the plight of the mentally ill in our society today as it gives direction to the church of God? In order to answer this question, here the writer will give some foundation in the biblical emphasis of liberation theology.

The initiation of liberation theology was in the 1950s and 1960s in Latin America within the Roman Catholic Church. During this initiation period, strains of liberation theology emerged into the Protestant movement. Unjust economic, political, and social conditions are the catalyst that gives the interpretation of the teaching of Jesus Christ in the terms of liberation. Liberation theology has been viewed both in positive and negative forms. Marxism is the assertion of the critics of liberation theology and the poor is greatly aided are the cries of the proponents.[138] Liberation theology has been compared to both Marx and Moses, but to identify liberation theology with these persons is not going far enough to identify the greatest liberator in the history of the world and that was and is Jesus Christ.

In Mark Gillis' article," *Free at First: Why We Need a Fully Biblical Liberation Theology*," he constructs and formulates the basis of Jesus' theology of liberation. Gillis

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[137] Ibid.

[138] Mark Galli, "Free at First: Why We Need a Fully Biblical Liberation Theology," *Christianity Today* 55, no. 10 (2011): 50-51

gives us three areas of liberation that the Bible deals with that far outweigh the political arena; those are religious oppression, moral oppression, and spiritual oppression.[139]

The most well-known or historical meaning of oppression could be visualized with such kings as King Henry VIII's ironfisted rule over England, but this is not the definition of oppression that we are discussing here. The term oppression as discussed here refers to "social structures, policies, and practices that maintain systematic domination and subordination."[140]

Every Christian must have a life that breathes religion. The Bible institutes religion by giving us the Christian certain ordinances or Commandments that we are ordered to obey by God such as the Lord's Supper (Matt. 26:26-30), baptism (Matt. 28:19), and assembling ourselves together (Hebrews 10:25). Religion in general is good. Religion becomes corrupt when it overlooks basic injustices and that's when God despises it. The prophet Micah wrote:

> Hear this, you heads of the house of Jacob and rules of the house of Israel, who detest justice and make crooked all that is straight, who build Zion with blood and Jerusalem with iniquity. Its head give judgment for a bribe; its priests teach for a price; its prophets practice divination for money (Micah 3:9-11).[141]

It is not a strange matter that religion can be a catalyst for oppression. Dr. Takatso Mofokeng informs readers of the impact of the oppression of South African blacks by the white Christians that came to his country:

> When the white man came to our country he had the Bible and we had the land. The white man said to us, "let us pray." After the prayer, the white man had the

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[139] Ibid. 51.

[140] Maurianne Adams, Lee Anne Bell, and Pat Griffin, *Teaching for Diversity and Social Justice* (New York, NY: Taylor and Francis Group, 2007). 247.

[141] Ibid.

> land and we had the bible." The black people of South Africa identified the bible with "the ongoing process of colonization national oppression and exploitation.[142]

Religious oppression is a real and ever present danger. Because of the profound influence of religion on the development of society, the control of religion can have a positive but yet very negative effect on the freedom of humans. Religion serves several purposes for society. Religion gives humans an answer to why we exist, religion gives us rules and guidelines in which we as humans can be a civilized community, because the knowledge of humans is finite, religion gives us a source of infinite knowledge and power as a source of assistance, and religion connect single individuals to a greater whole and thereby form institutions that accommodate and assist the individual.[143] By mentally ill persons coming to the church for help and the church not addressing their issues, is this a form of religious oppression?

A clear picture of Moral oppression occurs in the bible when Jesus and his disciples violated the Sabbath day by plucking corn and defied the religious order of that day. Jesus refused to be bound by moral or law but demanded to live free in the spirit. Jesus' response was straight and to the point, "the Sabbath was made for man, not man for the Sabbath" (Mark 2:27).[144] Any religious law should bring freedom and life, any religious law that does not is founded upon itself. Jesus despised moral oppression and made his case against the Pharisees and scribes:

> The scribes and the Pharisees sit on Moses seat, so practice and observe whatever they tell you-but not what they do. For they preach, but do not practice, they tie up

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[142] Dr. Takatso Mofokeng, Black Christians, the Bible and Liberation, *Journal of Black Theology in South Africa* (May 1988): 34.

[143] Adams, Bell, and Griffin, *Teaching for Diversity and Social Justice,* 248.

[144] Galli, *why we need a fully biblical liberation theology,* 52.

> heavy burdens, hard to bear, and lay them on people's shoulders, but they themselves are not willing to move them with their finger (Matthew 23:2-4).[145]

Even the apostle Paul fought against the rise of moral oppression. In his letter to the new Christians at the church in Galatia, Paul asked them," who made the law and end in itself, who use it to burden instead of free people." The Christians at Galatia had the mistaken notion that since God's covenant with Abraham including circumcision, that this same demand was also course with the covenant of Christ and in order for a person to accept Christ, that person would have to be circumcised.[146] Paul explained that this approach is moral oppression:

> For freedom Christ has set us free; stand firm therefore, and do not submit again to a yoke of slavery.... For in Christ Jesus neither circumcision nor uncircumcision counts for anything, but only faith working through love. (Galatians 5:1, 6)

Since Jesus Christ is now Lord and Savior, every law and commandment is placed upon him. Every law and commandment leads us to Christ, to a life of freedom and love.[147]

During the ministry of Jesus, on many occasions people that were "oppressed by demons" sought out Jesus to heal their loved ones or themselves. Jesus was not hesitant to release them of this type of spiritual oppression. This type of activity was a constant theme of Jesus' ministry. Jesus was so aggressive in this deliberate part of the ministry, that he even commands his disciples to follow in his footsteps. He gives them the proposition, "heal the sick, raise the dead, cleanse the lepers, cast out demons" (Matthew 10:8)[148], this is pure liberation language.

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[145] Ibid.

[146] Ibid.

[147] Ibid.

[148] Ibid.

So, are the modern Disciples of Christ, the church, Christ institution on earth doing its part to liberate in accordance to Matthew 10:8, especially those with mental illness? In order to have a better understanding of the impact that the church could have on individuals and families that are dealing with mental disabilities, Norris will now give a snapshot of the Christian church in the United States.

From its Greek form, the word church is derived from the Greek word "ekklesia." This word basically means, "that which belongs to the Lord." Most issues that deal with the church falls under the category called "ecclesiastical." The doctrine or the biblical guidelines that deals with the things of the church is called ecclesiology.[149] When the word church is mentioned it is often referencing a local body of believers or a local congregation as is referenced in the Bible "the church at Antioch or the church at Ephesus". At other times, this word church can refer to believers all over the world. This word church can also reference the leadership of the church in a particular community as for example "the church has issued a statement."[150] Analysts at Hartford Institute suggest that there are about 323,000 Christian congregations in the United States. 300,000 are of Protestant/Christian origins, Catholic and Orthodox churches make up the other 23,000. The Gallup Research Organization suggests that 40 percent of all Americans, or about 118 million persons stated they were present in church on last week. There are reported to be roughly twenty-five major denominations in the US in which the top eleven includes: The Catholic Church: 68,503,456 members, Southern Baptist Convention: 16,160,088 members, The United Methodist Church: 7,774,931 members, The Church of Jesus Christ

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[149] Gonzalez, *Essential Theological Terms*, 35-36.

[150] Ibid.

of Latter-day Saints: 6,058,907 members, The Church of God in Christ: 5,499,875 members, National Baptist Convention, U.S.A., Inc.: 5,000,000 members, Evangelical Lutheran Church in America: 4,542,868 members, National Baptist Convention of America, Inc.: 3,500,000 members, Assemblies of God: 2,914,669 members, Presbyterian Church (U.S.A.): 2,770,730 members, African Methodist Episcopal Church: 2,500,000 members, National Missionary Baptist Convention of America: 2,500,000 members.Of the top twenty-five denominations, the total membership is reported to be around 146 million people.[151] That is almost half the population of the United States.

As this research reveals, there is a large Christian church present in the US, this is why there is a need for the church (the body of Christ) to know how through its basic fundamental teachings should approach the managing of persons with mental illnesses.

The writer is a proponent of liberation theology in order to liberate the mentally ill population that are a part of the church and those that may come to the church seeking physical and spiritual help. Being that the theories of liberation theology are fairly recent. The church can also rely on its traditional theologies outlined in systematic theology to give it direction. Having a better understanding of who God actually is and how the church should operate in God there is a great source of traditional theological direction that helps in assisting the mentally ill.

The Systematic theology of the Christian church is outlined in eight doctrines. These doctrines are: the doctrine of God, the doctrine of the Trinity, the doctrine of the person of Christ, the doctrine of salvation in Christ, the doctrine of the human nature, sin

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[151] Hartford Seminary, "Fast Facts about American Religion," Hartford Institute for Religious Research, http://hirr.hartsem.edu/research/fastfacts/fast_facts.html#top (accessed November 4, 2011).

and grace, the doctrine of the church, and the doctrine of the sacraments. [152] In taking a more in-depth look at the doctrine of God and the doctrine of the church, we can understand that even from this aged, mature theology, the church must assist people with mental illness.

The doctrine of God explains to use the personhood of God. It is of the utmost importance because this doctrine explains; if God is a God that stands off and does not intervene in the affairs of humans or if God is a God that interacts with humans and cares about our joy and pain on a daily basis. Alister McGrath looks at the word person as a word that is derived from the English word meaning "persona" which gives it the sense of a person that is wearing a mask.[153] This mask represents the types of masks that were worn by players that participated in plays in ancient Rome. The idea of this mask represents a mask worn by someone who is playing a role in a social drama, playing a part of a social network or relationship. This concept expressed the idea in the word "person" that God is a God that plays a role in the dramas of human life. God is not a God, in accordance to definition that is distant or afar-off. God having a personal relationship with humans furthers the thought of God being a God of love.[154] Imagine the comfort to the persons with mental disabilities in knowing that God intervenes in their lives on a daily basis. The question for the Christian church is, "Are we at fault for demonstrating that God intervene in the lives of those that are only mentally sane?" If a person has a mental disability, does that person doubt God, or has no faith in God?

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[152] Alister E. McGrath, *Christian theology an introduction*, (Malden, MA, Blackwell Publishing, 2011), 195.

[153] Ibid.

[154] Ibid. 200.

God is love. God has revealed himself as love through the Scriptures. It is not expressly stated in Scripture of God's love for humans before the book of Hosea, but it is clear that God loves Israel (Hosea 2:19; 11:1; 14:4), and this love is not based upon the worthiness of Israel but upon God's own choice to love them (Deuteronomy 7:7). God's fulfillment of love is brought to fruition in the New Testament. The central theme of the New Testament is God's love for humans is manifested in Christ Jesus (Romans 5:8; John 3:16; I John 4:7). In I John 4:8, the writer states for us that "God is love." This can be translated for humans that all of the actions of God are done because of God's awesome love for humans. God's love is propelled outward making sure that all of creation and especially humans are cared for. Because God's love is manifested in anthropomorphic traditions so that humans can understand, God's love is identified in both motherly and fatherly identifications. Just as a mother and father would respond when their child is in trouble, God responded to human's ultimate need of salvation from sin by sending Christ. Jesus Christ's life, ministry, death, resurrection, and dispensation of the Holy Spirit, demonstrates God's incredible love for humans.[155] For persons with mental disabilities there is a great comfort in knowing that God loves us and cares for us in spite of our illness. The question here is, "Is the Christian church being sensitive in its language to let even the mentally disabled person know that God loves and cares for them?"

The Church of God is God's institution on earth. To get a better understanding of the church we must look at the doctrine of the church. The

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[155]. Thomas, and Wondra, *Introduction to Theology,* 100.

establishment of the church began in the Old Testament. This existence was without a Temple, priest, sages, or prophets. At this time Israel was not identified by its institution but by its story. The first phase of church lasted until monarchy of King Saul (1250 to 1000 BC). Israel's departure into captivity in Babylon is the second phase of the church from 1000 to 587 BC.[156] During the second phase of the church, a Temple was built, priests, sages, church leadership and ordinances were established.

There are several different models that characterize the church. One of these models is that the church is a servant people: the church of the New Testament, as the same as the church of the Old Testament, were called to serve God. Even in the leadership of the church this definition is reflected. The prominent words to describe the leadership of the church are derived from the Greek words *doulos* which means servant or possibly even slave, and the word *diakonos* which means someone who waits tables.[157] The Apostle Paul stressed the fact in II Corinthians 4:5 that the believers of Christ are slaves for his sake. Another model characterizes the church and the community of the spirit as the Scriptures portrays the early church in the book of the Acts of the Apostles; the Holy Spirit was present within the church. The Holy Spirit enabled the church to witness and grow. The presence of the Holy Spirit is recognized as a seal of the individual's redemption and the church's mission.[158] Because God is a personal and loving God, the church in each age must adapt its theological, missilogical,

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[156] McGrath, *Christian Theology an introduction,* 377.

[157] Ibid.

[158] Ibid.

and pastoral development in order to meet the needs and hopes of people. In order for the world to see its own destiny, the church is the place where God's purpose becomes visible. God, by spirit, is already convicting people to strive for equality, justice, liberty, and humanization of all people. As the church is the called out believers of God; the church must find where God is actively functioning, to take hold of the leading of God, and to convince others to take part in the effort.

CHAPTER IV

METHODOLOGY

The hypothesis for this project is "to educate church leadership and laypersons of the facts, symptoms, and conditions of mental illness in order to create a greater awareness of mental disabilities particularly focusing on clinical depression, invoking an attitudes change."

In the writer's development as a church worker, pastor, and mental health professional, he recognized how church leaders and laypersons are to conduct ministry and assist those that are in need. He recognized this dynamic with the staff and laypersons at first Baptist Church in Fairmont North Carolina where he was a member for over five years. The writer also recognizes the same condition at the context of this project, Lewis Chapel Missionary Baptist Church in Fayetteville North Carolina. Lewis Chapel have a unique dynamic in that it has quite a number of people that is of retirement age that is a part of the staff of the church. Many of these people were active military, retired from the military and are now permanent residences of Fayetteville and Lewis Chapel church. Surprising to the writer, many of the staff and lay people of the church are natives of Mississippi. Another unique dynamic of Lewis Chapel is that because of the pastor's push for education among the members, many of the staff and lay people of Lewis Chapel are very educate and unlike other churches in the area hold high echelon employment and self-employment.

Research shows that for those people that are diagnosed with a mental disability normally the first place they go for help is the church. People with mental disabilities come to the church for both practical and spiritual assistance. The researcher has experienced this fact as a truth and sees a great opportunity for the Lewis Chapel church family to make a difference.

Statement of Problem

In the writer's work as a mental health professional, when a person comes to a mental health agency complaining of a mental issue, the person usually is interviewed by a clinical counselor. The license clinical counselor give the person a diagnosis identifying what their mental health symptoms are, if these symptoms can be managed by medications they are sent to see a psychiatrist. Once the person has seen the psychiatrist for medication management, they continued to see the clinical licensed counselor for counseling. This process could take between ninety days, six months, to a year. In many cases by the time the person with a mental issue comes to the church for help, the physical aspects of their disability is being managed. People with mental issues are coming to the church to seek out a spiritual solution for that problem. In the writer's experience and according to research, the church's addressing of persons with mental disabilities is inadequate.

The staff and lay people of Lewis Chapel is not completely oblivious to the fact that the mentally ill exist, but because of the culture that exists in the history of the black family and church, the culture of the church dictates that people that are diagnosed with mental illness don't have it or it is something that the church don't or is not equipped to handle.

The writer believes that because of the basic nature of Christ which is described by the discipleship of the church, the church has a responsibility to be of service to those with

mental disabilities just the same as those with physical disabilities and those that face lack. The writer's own work has given him sensitivity to the conditions of the mentally disabled and he wants to assist the church's staff and lay people to obtain these same sensibilities.

The physical aspects of mental disabilities are symptoms, diagnosis, and treatment. In order to observe what depressive disorder or clinical depression looks like, the person that is being observed for depression must exhibit one or more Major Depressive Episodes.[1] A Major Depressive Episode is present when there is a loss of interest in all activities that is usually interesting or pleasurable and there is a depressed mood over a period of at least two uninterrupted weeks. Instead of being sad, children and adolescents may be irritable. In order for a major depressive episode to have a completed onset, the individual must be experiencing at least four symptoms of the following: changes in appetite or weight, sleep, and psychomotor activities; decreased energy; feelings of worthlessness or guilt; difficulty thinking, concentrating, or making decisions; or recurrent thoughts of death or suicidal ideation, plan, or attempts, in conjunction with loss of interest.[2] Along with these symptoms, the episode will also incorporate stressful changes or impairment in occupational, social and, or other functioning areas of importance that are clinically significant. These symptoms will be experienced the majority of the day, most every day, for two successive weeks.[3] The Diagnostic and Statistical Manual of Mental Disorders states:

> The mood in a major depressive episode often described by the person as depressed, sad, hopeless, discourteous, or " down in the dumps" (Criterion A1). In some cases, that is made the mad at first, but may subsequently be elicited by

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[1] Diagnostic and Statistical Manual of Mental Disorders, 369.

[2] Ibid. 349

[3] Ibid.

> interview (e.g., by pointing out that the individual looks as if he or she is about to cry). In some individuals a complained of feeling "blah." Having no feelings, or feeling anxious, the presence of a depressed mood can be inferred from the person's facial expression and demeanor. Some individuals emphasize somatic complaints (e.g., body aches and pain) rather than reporting feelings of sadness. Many individual exhibit or report increased irritability (e.g., persistent anger, a tendency to respond to events with anger outburst or blaming others, or an exaggerated sense of frustration over minor matters). In children and adolescents, and irritable or cranky mood may develop rather than a sad or dejected mood. This presentation should be differentiated from a "spoiled child" pattern of irritability when frustrated.[4]

Also, complaints of hallucinations and delusions can be a part of a major depressive episode such as: fear of being hexed or bewitched, feelings of heat in the head, or crawling sensation of worms or ants, or vivid sensations of being visited by the dead.[5]

It is important to take note here that culture must be given importance in an effort to communicate the symptoms of depression. By applying the proper ethnic and cultural specificity, under diagnoses or misdiagnoses can be avoided. For example, rather than using sadness or guilt, in some cultures more somatic terms are used. In the Latino and Mediterranean cultures complaints of nerves and headaches may surface. In the Chinese and Asian cultures complaints of weakness, tiredness, or imbalance may be given. In the Middle Eastern cultures, problems of the heart may be the complaint, or in general among Hopi having a broken heart may be the complaint.[6]

The Church of God is a place of healing. What if history recorded that all healings ceased after the ascension of Christ but yet the New Testament reveals that the healing examples of Christ did not end, but there are numerous examples of healings by the followers of Jesus in the New Testament. In John 14:12, Jesus' followers were endowed

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[4] Ibid.

[5] Ibid.

[6] Ibid. 353.

with healing power, and all throughout the book of Acts; Peter, John, Philip, and Paul performed miraculous acts. Could it be that our physical health is connected to our spiritual well-being and because our bodies depend on our mental health, could it be that our mental health is dependent on our spiritual well-being as well? Many times the whole person is not addressed by doctors and psychologists and adequate attention is not given to the spiritual side of man. Therefore, the church must not fail in its obligations to address the physical and the spiritual sides of men as Christ did. People were first called Christians at the church in Antioch (Acts 11:26) simply because they demonstrated the same actions as Christ. Jesus healed both physically and mentally and these healings were such an impact in the ministry of Jesus that almost a third of the gospel of Mark gives attention to the accounts of Jesus' healings. An essential part of any ministry that is Christ like is the caring for the sick. This notion falls in line with Jesus' famous statement found in Matthew 25:40, "this is the truth I tell you-insomuch as you did it to one of the lease of these my brothers, you did it to me." How we meet the needs of humans is how God will make his judgments towards us. It is not the wealth we gain, nor the fame that we acquire, or the amount of knowledge we amass, but it is how we help others.

With vast amounts of people being diagnosed with clinical depression, the church can no longer overlook this population. Many people with mental disabilities come to the church hoping to find physical and spiritual answers and healing but yet are shoved off to state sponsored agencies with no Church involvement.

Context

The test group was named Mental Health Sensitivities Focus Group (MHSFG) and was comprised of 12 people. The participants responded to a letter of interest and expressed a genuine curiosity in the subject matter. All participants professed to be saved

and have a growing relationship with Jesus Christ and wanted to increase that growth by participating in this program which was focused on assisting other people.

Of the participants, eleven were women and all were African-American. The one male participant was African American. The participants' ages ranged from forty-seventy years of age. Five participants were retired military.

Several participants participate in different ministries of the church. Church position occupied by participants were; senior usher, church historian, Saturday Academy facilitator, intake counselor, assistant adult Sunday school superintendent, intake counselor/deaconess, Sunday school teacher/Deacon, trustee/mass choir president, and several lay members. Of all the participants, three had two years or more of college education, nine participants had bachelor degrees or higher, and one participant had a doctoral degree.

Several of the participants Of the Mental Health Sensitivities Focus Group admitted that they had loved ones or relatives that suffered from depression and other mental health issues and a number of the participants admitted that they themselves had some problems with depression and other emotional issues, and then, others admitted that they had no background and no experience with mental health.

Because of the active spiritual life of the focus group participants, and the strong religious background, all of the focus group regularly participated in religious celebrations and worship services and Lewis Chapel. The participants were ready to learn the information presented in order to increase their spiritual growth and help them to demonstrate more sensitive to the plight of those with mental health issues.

A letter of participation was given to the focus group members that committed them for a period of six weeks. The focus group class met on Monday nights for

workshops and met on Sunday morning for the sermon series. Each workshop and sermon series was followed by a questionnaire. The group developed a sense of cohesiveness as the sessions moved forward. The writer ministered two of the workshop classes and all of the sermons, while four of the workshop classes were ministered by licensed clinical professional counselors. The learning from the sessions was mutual between participant and the writer, the participants ministered to the writer just as much as a writer ministered to the participants. It was an atmosphere of excitement.

The Project

The goal of the project was to increase the participants' knowledge and insight to mental health symptoms, conditions, diagnoses, and current treatment as known by the scientific community, to increase the faith and belief of the participants that God can heal all diseases and eraser the flawed thinking that God can heal physically but not mentally. This project was developed, tested and evaluated at Lewis Chapel Baptist Church in Fayetteville North Carolina. The hypothesis tested the effeteness of giving information to increase awareness. To test the hypothesis, ten questions were asked as pretest and posttest. In addition, a series of five to fifteen questions were asked at the end of each workshop session, and a series of five to ten questions were asked at the end of each sermon to test the participant's absorption and understanding of the information and materials presented. The propose research design model was the result of the writers study of biblical, historical and theoretical foundations of mental health in the context of Christianity. This project was designed in consultation and collaboration with the author's professional associates, contextual associates, and other clinicians in the writers' community.

The researcher formulated six workshop sessions to increase participant's knowledge concerning facts, symptoms, diagnosis and creating a model by which the church could increase its ability to assist those with mental disabilities. The sessions were: 1.An Introduction, Why Are We Here, 2.The Church and Depression, 3.Depression/DSM IV, 4.Depression Symptoms/Depression & Substance Abuse, 5.Biblical Characters and Depression/Depression Populations, 6. Therapy in the church/Assistance Models. All the sessions consisted of a presentation followed by dialogue. In the final session the participants worked cooperatively to formulate models that could be used within the church to persons with mental disability. The questionnaires with their results can be found in Appendix D, beginning on page 202.

In session 1, An Introduction, Why we are here, began by talking about the reasons that the church must take a deeper look concerning mental illness. We then looked at the rise of mental disabilities within the church population.

Session II dealt with The Church and Depression. First we look at the history of psychology and the church, second we were introduced to the diagnoses of depression, then we look at depression and its affect upon the members of churches and then lastly in this session we looked at demonology and psychology.

Session III dealt with Depression/DSM IV. In this session we will introduce you to the Diagnostic and Statistical Manual of Mental Illnesses which is often called the Bible of the mental health industry. And this session also covers the different types of depression.

Session IV, Depression Symptoms/Depression & Substance Abuse illustrated the different symptoms of a depression episode and how the addition of control and illegal substances can affect the onset and an episode of depression.

Session V covered Biblical Characters and Depression/Depression Populations. In this session we explored the different characters of the Bible that suffered from the symptoms of depression, such as the prophet Jeremiah and King Saul. The session also covers other populations and how depression may be impacting them. These populations were baby boomers, the military, children and adolescents.

Session VI, this final session informed the participant on Therapy, God, and The Church. Does the church agree or disagree with therapy and has therapy taken the place of the healing power of God. Finally to put together models the church could use to better assist those with mental disabilities within the congregation.

A pretest and posttest were administered to see what kind of change could be seen from the beginning to the end. This appears on the

The writer developed six sermon sessions by which participants could get a better understanding of the healing power of Christ and how that power can assist those with mental disabilities. The sermons were: "1. Jesus the Healer (Mark 5:1-20), 2.The Family Burden (Mark 7:24-29), 3. Faith on the Way Back Home (Mark 7:30) 4. Help My Unbelief (Mark 9:17-27), 5. A God of Mercy (Deuteronomy 4:31) 6. Wilt Thou Be Made Whole (John 5:1-9). All the sessions consisted of a presentation followed by the answering of a questionnaire, results shown in Appendix D starting on page 208.

Sermon I, Jesus the Healer focuses on Christ's ability to heal not just physical healing but healing of a person with mental and spiritual dimensions.

Sermon II, The Family Burden, focused the participant on the burden of families dealing with a child or an adult that has mental disabilities. The sermon focuses in on this mother as she seeks out healing for her daughter.

Sermon III Faith on the Way Back Home focused the participant on the process of healing. That healing in some instances is a process from the moment that a healing is declared to the moment of the manifestation of the healing. Faith must be maintained during the process.

Sermon IV, Help My Unbelief, helped the participants to understand that it does not take much faith in order to acquire a miracle from God. This man that wanted Christ to heal his son in the midst of asking, he asked Christ to help his unbelief.

Sermon V, A God of Mercy, declare to the participant that God is a merciful God and even though we as people commits sin and may even turn from God at times, God is always ready to accept us back because God is merciful.

Sermon VI, Wilt Thou Be Made Whole Finally, let the participants know that Christ heals the whole person, mind, body, and spirit. In order for a person to be whole, all three aspects of a person must be healed.

A questionnaire was given after the presentation of each sermon to identify the participant's absorption and understanding of the information presented.

They engaged one another around the topics and the materials presented and were enthusiastic about the subject.

CHAPTER V

FIELD EXPERIENCE

Letters of Interest were extended to members of Lewis Chapel Missionary Baptist Church. Of the responses to those letters, twelve individuals agreed to participate in the program. The twelve interested individuals completed a Letter of Participation, which laid out the expectations of the program.

The participants in the Focus Group met on Monday evenings for six weeks. The meetings began with greetings, small talk, a song and prayer. The writer or other appointed instructors made presentations and time was allowed for discussion. The participants seemed excited about participating and most arrived early, while others came immediately after they got off work. Refreshments such as water, cold juice, snack crackers or chips were there for the participants during break time.

The participants in the focus group also met on Sunday mornings for six weeks. These meetings were conducted during a regular worship service at Lewis Chapel as the delivery of the sermon series was initiated.

Pre-Test and Post Test Survey Results

The writer will list the questions that were posted along with the results for both the pre-test and post-test (Appendix D pages 200-201). The participants answered "Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, and Strongly Disagree.

1. Depression is not that prevalent in the United States. In the Pre-test, the answers were 3-1-0-2-6. In the Post-Test, responses change to 2-1-0-4-5, indicating a

movement in the direction of an increased awareness of the prevalence of depression in the United States.

2. One out of every five persons sitting in the church pew has a mental health issue now or has had in the past. In the Pre-Test, the answers were 2-5-3-1-0 and in the Post-Test, responses change to 3-8-1-0-0. This indicates an increased awareness that many congregants that attend worship services are battling depression or some other type of mental disorder.
3. Ultimately, sin is the cause of depression and other mental illnesses. In the Pre--Test, the answers were 0-2-4-3-3. In the Post-Test, the answers were 1-4-2-1-4, indicating feelings are leaning towards the idea that sin is ultimately the cause of depression and other mental disorders.
4. Depression is someone in a corner in the fetal position sad and crying. In the Pre-Test the answers were 0-0-1-4-6. In the Post-Test, the answers were 0-1-2-7-2, indicating a movement toward understanding that there are many different phases to depression.
5. There are many symptoms that are associated with depression. In the Pre-Test, the answers were 8-2-2-0-0. In the Post-Test the answers were 5-5-0-0-2, indicating an increased awareness that there are a number of symptoms of depression.
6. Baby boomers have a high rate of depression. In the Pre-Test, the answers were 2-4-5-1-0. In the Post-Test the answers were 7-4-1-0-0, indicating a progression towards the knowledge that baby boomers are contracting depression at epidemic rates.
7. Prominent characters in the Bible rarely suffered depression. In the Pre-Test the answers were 0-0-5-6-1. In the Post-Test, the answers were 0-1-2-7-2, indicating a

greater awareness towards the fact that there were biblical characters that suffered major bouts of depression.

8. The bible addresses Mental Health. In the Pre-Test, the answers were 2-8-1-1-0. The Post-Test answers were 3-7-0-2-0, reflecting that most knew pre- and post-, that the Bible addressed areas of mental health.
9. Most people think that therapy, psychotropic medications, and outpatient therapy is a good form of treatment. In the Pre-Test, the answers were 1-5-4-1-1. The Post-Test answers were 0-10-1-0-1, indicating a move forward in accepting that these three methods were acceptable treatments for depression.
10. God does not address the issue of depression in the Bible. In the Pre-Test the answers were 0-0-2-6-4. The Post-Test answers were 0-1-2-4-5, indicating pre- and post-test knowledge that depression is addressed in the Bible.

Responses to Workshop Sessions

Session 1: An Introduction; Why Are We Here? All participants responded positively in this session. Participants were given a Pre-Test and handouts of the information that would be reviewed with them. Participants were reminded of the Participation Agreement that if illness or any problems arose, how to address them. Participants were excited about the possibilities of learning more about mental disabilities. Participants wondered what the other sessions would be like. This class was taught by the writer. Participants agreed that mental disabilities are a problem that, at this time, the church is not addressing.

Session II, The Church and Depression, participants were positive about this session. The instructor is a licensed clinical professional counselor that gave information that was introductory to depression and its association to the church. The participants were

like sponges and absorbed the information. They were excited about the historical section of mental disabilities and how depression is more prevalent in women; also, the fact that in the past, depression was called melancholy. The participants answered questionnaires and were excited about the next class.

Session III, Depression/DSM IV, the participants continue to learn more about depression and participated with high interest in this session. The participants were very interested in the Bible of the mental health industry, the DSM-IV and had a very interesting discussion concerning how the DSM-IV came about. The class was instructed by a licensed clinical therapist. The participants completed session surveys and were excited about the next class.

Session IV Depression Symptoms/Depression & Substance Abuse, the participants highly anticipated this class and were very interested in the symptoms of depression and depression in association with substance abuse. The participants were surprised to learn the fact that chronic or severe depression over a long period of time could lead to suicide. This class was instructed by a licensed clinical therapist and went over-time during the discussion portion of the class. The participants completed questionnaires and were excited and ready for the next class.

Session V Biblical Characters and Depression/Depression Populations, the participants participated in this session with surprise and awe. They were particularly surprised to find that many biblical characters suffered with depressive episodes and that baby boomers suffered much of depression simply because of stress in trying to acquire the American dream. This class was taught by the writer. The participants filled out questionnaires and were ready for the next class.

Session VI Therapy in the Church/Assistance Models, the participants demonstrated a high level of interest in this final class. The participants debated whether the church's interest with someone with depression should conclude at referring them to further rehabilitated services or should there be rehabilitative services that a person is referred to that are Christian oriented. The final class concluded with the participants sectioning into two groups and the participants formulated models that the church could use that would make the church more sensitive to people with mental disabilities. The participants completed the final session survey and completed the post-test.

Responses to Sermon Sessions

Jesus the Healer (Mark 5:1-20), the sermon was preached in the context of a regular worship service. The majority of participants came early and participated in praise and worship, congregational song, scriptural reading, and prayer. Participants were able to sit in the congregation among other participants and non-participants during the service. Participants listened to what was being preached and participated in the excitement of the service. Participant's beliefs were reinforced that Jesus had the power and has given his disciples the power to heal physical and mental diseases. After the message, participants completed sermon surveys and many participants confessed an attitude change.

The Family Burden (Mark 7:24-29), this second sermon was also preached in the context of a regular worship service. Participants joined in praise and worship; scripture readings, prayer, and congregational songs before the message was preached. Participants seated themselves among other participants and non-participants. Participants shared in the fervent expressions of the service. After the message was preached participants completed a sermon survey. Some of them did not believe that the cost of caring for a mentally ill child is more than the cost of taking care of a physically ill child. Many

participants stated that their attitudes were changed and they understand more now why families that care for persons with mental disabilities. They need just as much concern from the church as families that care for people with physical disabilities.

Faith on the Way Back Home (Mark 7:30) this sermon was preached in the context of a regular worship service. Participants joined in praise and worship, scripture readings, prayer, and congregational songs before the message was preached. Participants seated themselves among other participants and non-participants. The participants cheered as this message was preached. After the message, many participants confessed that it was hard to have faith over the time-span that it takes from asking for a miracle to the manifestation of the miracle. The participants completed sermon surveys and were dismissed from the service.

Help My Unbelief (Mark 9:17-27), this sermon was preached in the context of a regular worship service. Participants took part in praise and worship, scripture readings, prayer, and congregational songs before the message was preached. Participants seated themselves among other participants and other congregants. The participants demonstrated an aura of understanding as this message was preached. After the service was completed, participants completed sermon surveys and commented that having faith in the healing power of God for a miracle is a hard thing at times and they understood the man asking Jesus to help his unbelief. Participants were encouraged by the message and the message invoked an attitude change.

A God of Mercy (Deuteronomy 4:31), this sermon was preached in the context of a regular worship service. Participants took part in praise and worship, scripture readings, prayer, and congregational songs before the message was preached. Participants seated themselves among other participants and other congregants. The participants demonstrated

an understanding as this message was preached. After the message, the participants completed sermon surveys and stated that they were encouraged to know that even when we sin, God still has mercy and does not turn his back on us, especially the mentally ill. The participants looked forward to the next service time.

Wilt Thou Be Made Whole (John 5:1-9), this sermon was preached in the context of a regular worship service. Participants shared in praise and worship, scripture readings, prayer, and congregational songs before the message was preached. Participants seated themselves among other participants and other congregants. The participants demonstrated an understanding as this message was preached. After the message, the participants completed sermon surveys and stated that they were encouraged to know that Jesus can make us whole by healing our bodies mind and spirit.

CHAPTER VI

REFLECTION, SUMMARY, AND CONCLUSIONS

The writer was greatly surprised by the involvement level of the participants in this project. Not only were they empowered by the information shared, but the writer himself was rejuvenated by it also.

Mental Health Themes

There are several mental health themes that became apparent through this study:

Because of the workshops, the participants had a much better understanding of why the need for this study was so important. Prior to the workshops, the participants did not comprehend the vast number of people that were dealing with mental health issues within the church setting. Prior to these workshops the majority of the information that was learned was through distant learning, or information heard from other sources outside of the church context. Prior to this session, the only information shared concerning mental disabilities would possibly be once or twice a year. A presentation would be made covering some areas of mental disabilities, but no such form had been presented that was as in-depth as these workshops. Before this time, if someone came to church that was experiencing an episode of mental disabilities, they would be immediately advised to see an outside agency or left to stand on their own. Several participants were in the midst of dealing with mental health issues themselves and felt that there was no avenue within the context to talk about their condition. Within the setting of the workshops, we were even able to share information and concerns about the recent mass shootings occurring at Sandy

Hook Elementary School in Newtown, Connecticut and a Century movie theater in Aurora, Colorado, In both instances the shooter was assumed to have declining mental health.

There was an awakening of the thirst for knowledge and desire to know more about depression and other mental disabilities.

The participants begin to understand the seriousness and the impact of depression in the home, community and by and large in the church setting. Participants expressed the desire to have greater knowledge of depression and other mental disabilities, because of their own experiences with family members, community members and church members that could be helped by them. The transfer of knowledge concerning depression empowered participants of the group and gave them security that they could be of greater help to those with depression and other mental disabilities.

At the onset of the project, many of the participants described their knowledge of mental disabilities, symptoms, conditions, and impact in the church as very limited or none existent. They describe people with mental disabilities as having a problem, touched, or just plain troubled people. The attitudes began to change as the project continued. Their view of people with mental disabilities shifted to people that had to deal with tremendous environmental factors, or chemical imbalances within the body, or a combination of both may have put them in the condition they are in. Having more knowledge of the symptoms, conditions, and impact of mental disabilities became a source of strength to the participants. The group continued to feel an increased need to be more knowledgeable concerning the factors of mental disabilities.

There were several ways in which the participants had active expressions of their increasing knowledge. Participants began to request handouts of the presentations and also

a list of the symptoms of depression and anxiety as they were listed in the DSM-IV. They thought back to people in their lives that they thought to be acting strange are abnormal and started to formulate what was their actual problem. The participants began to believe that the information shared helped them with their own episodes of depression and strengthened their resolve to help others that were going through depression situations.

Many requested pocket copies of the DSM-IV to continue this study of the symptoms and conditions of depression and other mental ailments. The researcher provided copies of the depression section of the DSM-IV and will investigate to find pocket copies of the manual.

A number of the retired military participants particularly were empowered and rejuvenated and began to tell their stories of past experience of symptoms with depressed military personnel. Some told of their deeds and actions during military service that they still deal with that makes them depressed when they think about them. But through this project, they received a better understanding of why depression happens.

Theological Themes

There are a number of theological things that became apparent in this study.

Because of the presentations and the sermons, participants began to develop an overwhelming understanding that God not only healed physical disease, but God also heals mental disorders. Some began to share the stigma that is associated with mental disorders and the doubt that comes when believing God for deliverance of mental disorders. Participants acknowledged that there was, for the most part, no one in the church environment that they could talk to about mental problems. This could be assumed for a person that comes to the church for help with mental problems. Participants developed awareness that God heals and there is a time frame between healing and the

manifestation of the healing. Through an in-depth look at biblical characters in the bible that had mental disorders, participants began to be aware that God had dealt with people with mental disorders in the Old Testament, New Testament and in the present. Participants became aware that in some instances the church could be seen as a caste system that is present in other societies, because of the division that the church presents between people that have physical diseases and people that have mental diseases. Participants began to understand that people naturally think that when people have physical or mental diseases that either they or their family have committed some sort of growth seen against God. Through the sermon presentation of forgiveness, participants began to see that regardless to what sin that we commit, then when God forgives us of sin, the slate is wiped clean, and they can start over again. This understanding was a great lift to the participants of this project.

Through the sermon series, the participants began to execute faith and started to believe that God could not only healed physical disorders but mental disorders also. The participants also examined the impact of guilt on the mind that may cause depression. Many of the participants understood more that it may be because of guilt that so many people are experiencing depression but through the forgiveness that is offered through Christ Jesus, guilt can be released.

Social Themes

The researcher knows that the relationship between the focus group members increased over the six weeks. After working all day, many of the individuals arrived early to the sessions. They assisted the researcher in setting up the classroom and bringing equipment in from researcher's vehicle. Even when it was raining, they would often cover the researcher with an umbrella as he came into the building. We shared beverages, food,

note-taking materials, brochures and handouts. When others arrived late, they were welcomed and chairs were provided for them.

The participants shared their stories of depression experiences of themselves, family members, and others. The participants listened to each other rather than sharing competing stories. One participant in particular who was a doctor, had a greater knowledge of depression and other mental disorders and when terms were not understood by others, would give us all a better understanding of what was being taught. The participants congratulated each other on the ability to overcome, comforted and consoled one another.

The participants faced the gravity of the information shared head on. Some guilt was shown on the faces of the attendees as the researcher shared how the church treats people with mental disabilities and many confessed that their attitudes would change.

When the participants gathered together in subgroups to discuss ways that the church could improve its treatment of people with mental disabilities, the groups interacted with one another, showing compassion, and listening to what each group member had to say and listen to any advice that was offered. Each group chose a leader that would speak and give the information that was formulated by their group.

Affect Changes

Gradual change was experienced by the participants in their attitudes towards the church, persons with mental disabilities, and the power of God to heal mental disabilities. These are some of the areas in which the researcher identified change:

1. They began to understand that the church was not only a place for people to experience physical healing, but also that they can experience mental healing.

2. They began to understand that people with mental disorders most often come to the church to seek help with the disorder.

3. They began to look forward to the future and their ability to be able to assist those with mental disabilities within the church.

4. They started to realize that a person with mental disabilities, being able to talk to someone within the church environment who had some knowledge about that this order, could assist that person in feeling better.

5. Participants within the group began to support other participants as they told their own stories of experiencing mental disabilities.

6. Participants began to see God even more as a God that wanted people to be healed and in good health

7. This sense of God as a loving God came to the forefront as participants progressed through the six weeks.

8. The participants of the group gained closer, camaraderie as they prayed, sang songs, and fellowshipped together.

9. Some participants exhibited a sense of frustration at seeing many people with mental illnesses remain with the condition, but through the progression of the six weeks began to understand the whole that Christ offers for healing.

10. Many participants demonstrated an increase in the level of faith by beginning to pray for others that had mental disabilities.

11. Participants professed that their attitudes had changed to be more positive towards the mentally disabled as sessions continued.

12. Participants within the group that were military veterans gained a clear understanding of the impact of depression on the lives of veterans. They also gained a heightened sense of the importance of this environment to the veteran community.

13. Participants also gained a greater awareness of this context's importance to the baby-boom generation as the majority of the membership of the context is baby boomers.

14. As the weeks progressed, the participants gained a deeper awareness of the importance, of the context offered to its different population of members as a mechanism of hope.

15. The participants gained a greater sense of the importance for the church leaders and laypersons to have a more in-depth knowledge of mental disabilities symptoms, conditions, and impacts within the context.

During the final workshop, the participants were divided into two subgroups. They were asked to formulate and make recommendations as to how the context could be made friendlier towards individuals with mental disabilities. A number of suggestions were made:

Each service at Lewis Chapel Missionary Baptist Church is printed in a Worship Service Bulletin. Each bulletin gives the order of the worship service, special announcements, activities of the week, and any other special information that is to be shared with congregants. Church administration could include a special invitation for persons experiencing depression, anxiety, and other mental disabilities.

Church administration could place a confidential phone number in the worship service bulletin for persons with mental disabilities inviting them to call for listening, prayer, and preliminary Christian counseling.

Church pastors and ministers should mention the different categories of mental disabilities when giving the alter call invitation for prayer during worship service.

Having alter workers and intake counselors attend mental health workshops to gain in-depth knowledge of mental illness in order to assist persons with mental disabilities as they come to the alter for prayer and as they come to obtain church membership.

There should be an increase of sermons preached concerning mental illness.

APPENDIX A

PARTICIPANT LETTERS, PRE & POST TEST EXAMPLES

Letter of Interest

Participation in Mental Health Sensitivities Focus Group
Commencing 9/23-Nov/18, 2012
Thank you for your interest in participating in the Mental Health Sensitivities Focus Group. I appreciate your willingness to help me as I complete my final doctorial project which deals with empowering church leaders and lay persons to the plight of people with mental illness with a concentration on clinical depression. We will review current information, symptoms, biblical insights and positive strategies for positive outcomes for people with mental illness. Information gathered from you through surveys and questionnaires will be analyzed and added to the final doctorial project document.

Focus group members are asked to commit to regularly attend meetings, workshops, scheduled sermon delivery times, complete possible homework, and abide by norms for group behavior. Participants will use the Code of Cooperation that follows.

Please complete the form below and return it to Rev. Lipsey or the Lewis Chapel Church Administrative Office. Please do this as soon as possible by Wednesday September 12, 2012.

If you chose to participate in the focus group, a Timeline and Participation Agreement will be given to you for your viewing and signature. The group will convene Monday September 24, 2012 at 6pm.

(Please check only one) _ Parent _ Student _ LC Member _ Community

Name:_____

Address: _____

Church Position: _____

Highest Grade Level: _____ Age:_____

Phone: _____ E-mail: _____

Do you currently or have you had someone that you know with mental health issues? If yes, what was (is) your relationship to the person and what was their issue(s)?

Please briefly describe your background, training or experience that led you to be interested in becoming a participant in this focus group?

Please describe any other information you would like us to know about your knowledge of people with mental health issues.

Please note your general availability if selected to serve on this task force/committee (e.g. before school, lunch hour, daytime, evening, etc.).

Thank you for your interest in participating in this focus group. The chair/facilitator will be in touch with you regarding your participation. Please let us know your questions.

You can contact Rev. Lipsey if you have any question at 910-610-0000.

CODE OF COOPERATION

1. Attend all team meetings and be on time.
2. Listen to and show respect for the views of other members.
3. Criticize ideas, not persons.
4. The only stupid question is the one that is not asked.
5. Pay attention – avoid disruptive behavior.
6. Carry out assignments on schedule.
7. Resolve conflicts constructively.
8. Avoid disruptive side conversations.
9. Always strive for win-win situations.
10. Every member is responsible for the team's progress/success.

Focus Group Participation Agreement
Mental Health Sensitivities

Thank you for choosing to be a part of the Mental Health Sensitivities Focus Group sponsored by Doctorial Candidate Rev. Norris Lipsey held at Lewis Chapel Baptist Church. As a select member in this Program, you are part of an innovative program that is designed to inform you of the sensitivities of people with mental illness who may be members of the community, also could be members of Lewis Chapel or acquaintances of the members of Lewis Chapel who may come seeking help. The overall goal of this program is to improving the members of Lewis Chapel ability to recognize and aid persons with mental health issues that are seeking assistance.
The purpose of this document is to describe expectations and obtain agreement for participation in the Focus Group to ensure a clear understanding of the responsibilities of both participate and instructor to create a solid and open relationship between both parties.

The Mental Health Sensitivities Focus Group is completely voluntary, and you are agreeing to participate as a member of the Focus Group under the direction of Rev. Norris Lipsey a doctorial candidate of United Theological Seminary of Dayton Ohio. If at any time, you decide the Focus Group does not meet your needs or you determine the program is not a good fit for you, you may voluntarily opt out of the program.

Your specific demographic and any information shared in the group will NOT be shared with anyone other than the Mental Health Sensitivities Focus Group participants directly involved in the focus group's activities without your express written consent or unless compelled by law. Anonymous and aggregate information will be used for program evaluation and improvement purposes. Comprehensive information and program results will be rolled-up into reports that will be shared within the clinical community and other relevant parties to help improve the effectiveness of health care services.

You will be able to access all instructors, contributors, and participants associated with the focus group directly. In addition to advanced phone and in-person communications, you will be able to email your Mental Health Sensitivities Focus Group instruction team. You acknowledge that Lewis Chapel Baptist Church or Norris Lipsey cannot and does not guarantee the confidentiality of any messages sent over the Internet. Email should be used for non-urgent questions and should not be used in emergencies or when you are in need of immediate response. Email communications will not be documented but may be used with pooled information for services improvement purposes.

All instructors, presenters and preaching will provide you with open and honest communication about facts, symptoms, biblical identity, and positive outcome strategies and you will honestly and openly share information and communicate with the instruction Team in order to best manage the transfer of information. In addition, the team wants you to participate, to whatever degree you wish, in helping to continually improve the Mental Health Sensitivities focus group through honest feedback.

If at any time either of us feels the other is not living up to their end of this relationship, we promise to engage in an open and honest conversation to try to resolve the issue.

Thank you for agreeing to participate in this very exciting program, your participation will aid others within the church setting to be more knowledgeable, more aware, and better able to aid people with mental health issues within the church. Again God bless you and thank you.

_____

Participant (Print)

_____

Participant Signature Date

_____

Facilitator Signature Date

PARTICIPANT'S PRE-TEST/POST-TEST QUESTIONNAIRE
MENTAL HEALTH SENSETIVITIES

Empowering Church Leaders and Laypersons to recognize and assist the Mentally Ill within the church setting with a focus on Clinical Depression

Thank you for participating in this survey for the dissertation of Norris Lipsey. Please respond to each statement below by answering the appropriate question as indicated. For each question please check the appropriate area according to the response scale below. Please provide your best answers.

Response Scale:

SA = Strongly Agree, A = Agree, N = neither Agree nor Disagree, D = Disagree, SD = Strongly Agree

Introduction	SA	A	N	D	SD
1. Depression is not that prevalent in the US.					
2. One out of every five people sitting in the church pew has a mental health issue now or has had in the past.					
3. Ultimately, Sin is the cause of depression and other mental illness.					
Depression	SA	A	N	D	SD
4. When I think of depression I think of someone sitting in a corner in the fetal position, sad and crying.					
Types/Substance	SA	A	N	D	SD
5. There are many symptoms that are associated with depression.					
Populations	SA	A	N	D	SD
6. Baby Boomers have a high rate of depression.					
7. Prominent characters in the bible rarely suffered with depression.					
Outcome Strategies	SA	A	N	D	SD
8. The Bible addresses mental health.					
9. Therapy, Psychotropic medications and outpatient therapy is a good treatment.					
10. God does not address the issue of depression in the bible.					

APPENDIX B

WORKSHOPS I-VI OUTLINES

Work-Shop I

The Mental Health Sensitivities Focus Group
Why are we here?
Instructed by Rev. Norris A. Lipsey MPA, QP

- 25 major denominations in the US in which the top eleven includes: The Catholic Church, 68,503,456 members;
- Southern Baptist Convention, 16,160,088 members;
- The United Methodist Church, 7,774,931 members.
- The Church of Jesus Christ of Latter-day Saints, 6,058,907 members;
- The Church of God in Christ, 5,499,875 members;
- National Baptist Convention, U.S.A., Inc, 5,000,000 members;
- Evangelical Lutheran Church in America, 4,542,868 members;
- National Baptist Convention of America, Inc., 3,500,000 members;
- Assemblies of God, 2,914,669 members;
- Presbyterian Church (U.S.A.), 2,770,730 members;
- African Methodist Episcopal Church, 2,500,000 members,
- National Missionary Baptist Convention of America, 2,500,000 members.
- Of the top 25 denominations, the total membership is reported to be around 146 million people, that is almost half the population of the United States. Hartford Seminary, Hartford Institute for Religious Research, 2000-2006 , "Fast Facts about American Religion" http://hirr.hartsem.edu/research/fastfacts/fast_facts.html#top (Accessed November 4, 2011)

- Gallup research organization suggests that 40% of all Americans, or about 118 million Americans were present in church on last week.
- Analyst at Hartford Institute suggests that there are about 323,000 Christian congregations in the United States. 300,000 are of Protestant/Christian origins, Catholic and Orthodox churches make up the other 23,000.

- As research reveals that there is a large Christian church present in the US, this is why there is a need to know how the church, through its basic fundamental teachings, should approach the handling of persons with mental disabilities.

- Congregations do not offer enough support is the conclusion of a study conducted by Baylor University. This study by Baylor was the first to research the relationship between church and the mentally ill family member. The findings were interesting, the household of faith, does not engage, has a lack of awareness, and a lack of understanding when it comes to the mentally ill.

- A study conducted by Indiana University East and Ball State University in Indiana concluded that pastors are far removed from mentally ill family members, and should be further educated about mental illness and how families are affected by it. The participants of this study were 1,031 pastors in Indiana and Virginia. About 90 percent rejected attitudes of hopelessness or blame regarding mental illness and agreed the church should sponsor more programs that educate pastors and support families. Less than a third worked in churches that offered outreach services for the mentally ill and only 10 percent had counseled a mentally ill person on a weekly basis

- In the year 2000, major depression, a type of mental illness, was determined to be the fourth leading cause of disability worldwide and was understood as a disease that is a major dysfunction of the human brain.

- Today, depression has increased to become the second leading cause of disability following cardiovascular disease. "The World Health Report 2001". *Health Systems: Improving Performance*. Geneva: World Health Organization. 2001Depression has been found to have a high rating among all age groups, and appears to be highest among the youngest age category of 15-24 years old.

- It is estimated that one in four Americans have a mental health disorder in accordance to the National Institute of Mental Health. Borderline personality disorder, posttraumatic stress disorder, obsessive-compulsive disorder, schizophrenia, bipolar disorder, panic disorder, and major depression are serious mental illnesses that affect one out of every 17 people.

- It is estimated that out of every five persons setting in the pews, one of them has experience some issue with serious depression, and at least two of them has experienced depression coupled with anxiety. Ann Weaver, "Through a Glass Darkly," February 2010, U. S. Catholic, Chicago, Ill, Claretian Publications, p.12

- When people assume they have or are diagnoses with a mental disability, they, most often, seek help from spiritual professional (church leaders).
- In light of this fact, the church is impacted and will have to undergo changes in what is said in the context of the mentally ill, how statement and actions are made towards the mentally ill, and a change in church programs to support the mentally ill. Matthew S. Stanford, Demons or disorder; A Survey of Attitudes Towards Mental Illness in the Christian Church, September 2007, 10(5) Waco Texas," *Mental Health, Religion And Culture"*. 445.

The Context
Lewis Chapel missionary Baptist Church

- Founded in 1911 by Savoy Lewis, Henry Macalester, and Jack Newkirk
- Presently Lewis Chapel has over 4000 members
- Presently the church has over 40 ministries
- John D Fuller has pastor Lewis Chapel for 39 years
- The church generates over $3.5 million in income yearly
- The church has several ministries that ministered directly to the community such as a
- softball league, a homeless ministry, a housing project with 42 senior citizens unit's,
- prison ministry, college/university, overseas and away ministries, daycare ministries,
- and others.
- The church also has a host of internal ministries to keep the interest in the excitement of the membership.
- The church is located in the heart of one of the largest military communities in the United States. Fort Bragg and Pope Air-force Base are located about 3 miles north of the church.
- With the rise of mental illness among the general population and especially among the military, Lewis Chapel church wants to become more sensitive to the mentally disabled.

- The mental health sensitivities focus group was formed in order to educate itself as a nucleus that would be able to impact the ministries of the church as to the circumstances of the mentally disabled.

Work-Shop II

Instructed by Deborah James

History of psychology and the Church, Introduction to Depression, Depression and the Church, Demonology and psychology

History of psychology and the Church

The history and the role of the Black church have been considered the primary place of refuge for persons that suffer from mental illness.

The role of the Black church and its impact of religious beliefs have been well documented; however, stigma associated with mental health issues has plagued the black community as well as pastoral leadership

Many African Americans tend to hide their mental health issues in attempt to avoid the shame, embarrassment, fear of rejection and perceived notion of being labeled as "weak minded Christians or just plain crazy"

Religion is a major part of our society, inasmuch it shapes our belief systems to perceive both positive and negative aspect of how psychology plays it role within the church.

Therefore, a greater understanding and focus on how psychology plays its role in the Black church will be useful to facilitate effective intervention for those in need of mental health services.

The history of Western psychology is believed to have occurred in the mid to late 1800's.

It is implied that Augustine with his massive intellect provided the best example in the early church of psychological reflection; whereas, his work on love, sin, grace, memory, mental illumination, wisdom, volition (capable of making your own decision), and the experience of time provide a wealth for psychology.

The method of the church leadership reaching out to the parishioner was practiced long before modern psychotherapy

History has been proven that the role of the church and the impact of religious beliefs on helping individuals seek behaviors for formal services of psychological counseling within the African American community have been limited and understudied.

What is psychology?

Psychology – derives from two Greek terms meaning "the study of person".

Psych means "spirit" or "soul".
Ology means "study of".

In the field of psychology it means the study of a person mind (mental) and behavior (physical actions). (Matlin, 1992; Belzen & Hood, 2006)

Depression

In early years of treatment there was little or no distinction between mental disorders as we know them today

Anyone can experience clinical depression, regardless of race, gender, age, creed or income.

The truth is that depression is not a normal part of life for any African American, regardless of age or life situation

Depression has often been misdiagnosed in the African-American community.

The truth is that getting help is a sign of STRENGTH!!!

Spiritual support can be an important part of healing, but the care of a qualified mental health professional is essential.

The Church can be an integral part of support for church members experiencing a mental health crisis.

It is not uncommon for church leaders to attribute spiritual causes to emotional and mental problems.

Openness to setting aside mistaken perceptions and consider other factors is a sure sign that church leaders and members are interested in an accurate understanding of mental illness.

Expressing concern may also help the individual to recognize and accept the problem, and ultimately, the person may acknowledge his/her need for help.

Reassurance and spiritual guidance can go a long way as the individual seeks spiritual relief.

Demonology and Psychology

In order to understand the relationship between demonology and psychology one must understand the meaning of demonology: The study of demons

The history of demonology can be dated back during this era as abnormality was again seen as a conflict between good & evil.

Researchers implied that Hippocrates refuted the fact the demons manifested in the form of spiritual illness; however, he believed that such illness is caused by natural causes of mental disorders.

The first development of classification of mental illness was credited to Hippocrates; whereas, his classification of mental disorder was defined in three categories such as: mania, melancholia "depression", and phrenitis "water on the brain"

Towards the end of the middle Ages, the first mental hospital was established in Baghdad in A.D. 792.

Management of mentally disturbed individual was largely the responsibility of the clergy, whereas monasteries served as a refuges and places of confinement.

Work-Shop III

Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV),

Types of Depression, Depression Symptoms, & Depression and Substance Abuse

Instructed by Cynthia Rogers

What is Depression

Depression can be described as feeling blue, sad, unhappy, miserable, grieving or "down in the dumps" (A.D.A.M Medical Encyclopedia, 2011)

Clinical Depression or Major Depression is considered to be different than the description above.

> Major depressive disorder is associated with high mortality. Up to 15% of individuals with severe Depressive disorder die by suicide

Specifies for Major Depression

Specifies for Major Depression

Major Depression has different specifies or characteristics:

Mild, moderate, severe without psychotic features, severe with psychotic features

With catatonic, melancholic, atypical, postpartum; with seasonal pattern, with full inter-episode recovery

Introduction to the Diagnostic and statistical Manual of Mental Disorders (DSM-IV)

In the United States, what might be considered the 1st official attempt to gather information about MI (mental illness) in the US was the recording frequency of 1 category "idiocy/insanity" in the 1840 census? By 1880 7 categories were used- mania; melancholia; monomania; paresis; dementia; dipsomania & epilepsy (DSM IV TR)

DSM Major Depressive Disorder This is included in the "Mood Disorders" section of the DSM IV. "The essential feature of a Major Depressive Episode is a period of 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities….. The individual must also experience at least 4 additional symptoms". These include changes in wt., sleep, psychomotor activity, decreased energy, feelings of worthlessness or guild, difficulty thinking, concentration, or making decisions, or recurrent thoughts of death or suicide ideations; plans, or attempts.

The symptoms are not due to the direct physiological effects of a substance (drug of abuse, a medication)

Loss of interest or pleasure is nearly always present i.e. no interest in hobbies or activities that bring pleasure; feeling "down in the dumps" or "blah" , not caring anymore, having no feelings.

Differential Diagnosis

It can be distinguished from a "Mood Disorder Due to a General Medical Condition"; Substance-Induced Mood Disorder; dementia; Attention-Deficit-Hyperactivity Disorder; Adjustment Disorder with Depressed Mood

Depressive Disorder, NOS

Symptoms of Depression per the
DSM IV TR

Criteria for Major Depressive Episode 5 or more of the

Depressed mood most of the day, nearly every day, as indicated by either subjective or observation made by others (in children and adolescents it can be irritable mood).

Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day

Significant weight loss when not dieting or weight gain or decreased or increased in appetite nearly every day. (in children consider failure to make expected weight gains)

4) Insomnia or hypersomnia

Psychomotor agitation or retardation nearly every day

Fatigue or loss of energy nearly every day

Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)

8) Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)

9) Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideations without a specific plan, or a suicide attempt or a specific plan for committing suicide

Depression and Substance Abuse

Mood disorders like depression and substance abuse go together so frequently that doctors have coined a term for it: dual diagnoses

People who have suffered recent episodes of major depression have high rates of alcoholism and drug addiction compared with the rest of the population. According to the US Department of Health and Human Services, more than 21% of adults who experience a depression episode within the previous year engage in substance abuse, compared with only 8% of those not dealing with depression.

Depression and substance abuse is not limited to grown-ups, research shows that teens struggling with the blues often "self medicate" with alcohol, marijuana, and other substances.

Concerning substance abuse and depression, it isn't always clear which one came first. Depression can call substance abuse, but substance abuse also can lead to depression. In some cases, both are triggered by the same external factor.

Depression often drives people to drink, which usually make things worse. "In trying to self-medicate with alcohol, people don't realize they're using a depressant," says Dr. Mac lsaac, PhD, a licensed psychologist in New York and New Jersey and facility member of the New York Institute for psychological Self Psychology.

Work-Shop IV

Depression Populations
Instructed by Rev. Norris A. Lipsey MPA, QP

"WHO HAS DEPRESSION"

Some have said depression is "the common cold of emotional disorders, and it appears to be on the rise. People of both genders get depressed, although women are twice as likely as men to suffer from major depressive disorders."(2) Who are these people? As we will see, they are both famous and infamous people; they are normal people; they are even people we know from the Bible.

Depression can be described as "a condition of general emotional dejection and withdrawal; sadness greater and more prolonged than that warranted by any objective reason."(3) Dejection, withdrawal, sadness, and other similar terms are familiar to many. *Vincent Van Gogh, Abraham Lincoln, Edgar Allen Poe, Marilyn Monroe, Rod Steiger, Mike Wallace*, and many other notable people have struggled with depression.

In 1972 Senator *Thomas Eagleton* acknowledged his depression, and the Democrats dropped him as the Vice Presidential candidate. In 1995 Alma Powell, the wife of General Colin Powell, revealed her history of depression, and her husband urged others to get help.(4) Martin Luther and Charles Spurgeon, two great men in the history of the church, frequently lived with the dark shadow of despondency.

Biblical Characters and Depression

Some great biblical characters wrestled with depression.

At one point in his life, Moses wanted to die (Exodus 32:32).

While struggling with his suffering, Job "cursed the day of his birth" (3:1). He said, "I will speak in the anguish of my spirit, I will complain in the bitterness of my soul" (7:11). In addition, he cried, "My spirit is broken, my days are extinguished, the grave is ready for me" (17:1).

Elijah was incapacitated with depression soon after he had been an integral player in one of the great demonstrations of God's power (I Kings 19).

After Jonah witnessed the astounding grace of God among the wicked Ninevites, he angrily said, "Death is better to me than life" (Jonah 4:3).

The great prophet Jeremiah declared, "Why did I ever come forth from the womb to look on trouble and sorrow?" (Jeremiah 20:18)

Many commentators agree that this was a time of deep depression for King Saul rather than an animate "evil spirit" placed in him by God. They have used various words to describe his emotional state at this time in his reign, including great depression, morbid melancholy, great nervousness, emotionally unstable, inner conflicts, and others.

The amazing prophecy of Isaiah 53:3 states that the Suffering Servant, the Lord Jesus, was "a man of sorrows, and acquainted with grief." Sorrows and grief can refer to both physical and mental pain, which could include depression.

Military and Depression

"There is a major health crisis facing those men and women who have served our nation in Iraq and Afghanistan," said Terri Tanielian, the project's co-leader and a researcher at RAND, a nonprofit research organization. "Unless they receive appropriate and effective care for these mental health conditions, there will be long-term consequences for them and for the nation. Unfortunately, we found there are many barriers preventing them from getting the high-quality treatment they need."

The findings are from the first large-scale, nongovernmental assessment of the psychological and cognitive needs of military service members who have served in Iraq and Afghanistan over the past six years. Since October 2001, about 1.6 million U.S. troops have deployed to the wars in Iraq and Afghanistan, with many exposed to prolonged periods of combat-related stress or traumatic events. Early evidence suggests that the psychological toll of the deployments may be disproportionately high compared with physical injuries.

Nearly 20 percent of military service members who have returned from Iraq and Afghanistan — 300,000 in all — report symptoms of post traumatic stress disorder or major depression, yet only slightly more than half have sought treatment, according to a new RAND Corporation study.

In addition, researchers found about 19 percent of returning service members report that they experienced a possible traumatic brain injury while deployed, with 7 percent reporting both a probable brain injury and current PTSD or major depression. Many service members said they do not seek treatment for psychological illnesses because they fear it will harm their careers. But even among those who do seek help for PTSD or major depression, only about half receive treatment that researchers consider "minimally adequate" for their illnesses.

In the first analysis of its kind, researchers estimate that PTSD and depression among returning service members will cost the nation as much as $6.2 billion in the two years following deployment — an amount that includes both direct medical care and costs for lost productivity and suicide. Investing in more high-quality treatment could save close to $2 billion within two years by substantially reducing those indirect costs, the 500-page study concludes.

National Guard and Reserve soldiers face one challenge their active-duty comrades usually avoid: When part-time soldiers do return home, they may have little interaction with other soldiers and sometimes feel like they are the only ones going through the emotional adjustments.

Single soldiers face an additional strain because they have no set support structure, said David Keith, the director of military service at Military OneSource, an independent agency contracted by the Department of Defense to provide counseling and other assistance to soldiers and their families. Single soldiers, especially those in the Guard or reserves, who may not return to civilian jobs right away, may have little social interaction with others, feeling that they no longer fit in.

"I felt a bit isolated, like the rest of the world around me went on with their lives the past year," said Kamps. "I felt like I was sent to another planet and lost a year of my life." Isolation, loneliness, and culture shock are common experiences for single soldiers after extended deployments.

Another problem is that the small day-to-day activities of civilian life can seem boring, mundane and insignificant to a soldier returning from combat, according to Army One Source officials.

" I've felt like I've had a bit of a chip on my shoulder and I've gotten upset when people have complained about little things," said Kamps.

Many soldiers expressed frustration that Americans seem more concerned about who will win the latest reality TV show then they are about the soldiers in Iraq.

"It seems like the majority of the population doesn't give a darn. We've got men and women overseas dying. See, Americans have always been blessed, they've never experienced war on the homeland," said Williams.

Soldiers who do make an effort to interact with civilians after they return are often faced with questions such as, "Did you kill anyone over there?" or "Did you ever get shot at?" Davis, who has been asked these questions by acquaintances at school, finds these questions very personal and inappropriate.

Deployed soldiers have very little time to themselves, have virtually no privacy and go through each day with an agenda usually planned by their superiors. For some returned soldiers, the biggest challenge is just figuring out what to do with all their free time.

"Getting up in the morning and not really having something to do, no PT, no formations," explained Andrew Davis, an Army Reserve specialist, "planning things out was tough."

Work-Shop V

Depression Populations-Continued
Instructed by Rev. Norris A. Lipsey MPA, QP

Depression and Baby Boomers

Among the generation that has continually attempted to have it all, many baby boomers are now reluctantly adding a diagnosis of depression to their list of gains.

Major Depression is an invisible disease that, for reasons unknown, is becoming the scourge of those born between 1946 and 1964. As one of the leading causes of disability in the United States and worldwide, depression is widely unrecognized and untreated, and often remains an unresolved issue throughout life unlike other medical illnesses

While endless fatigue may seem like a fact of life to the baby boomer generation, experts warn that it should be treated promptly to head off disorders like depression, thyroid disease and sleep apnea. The main message is that depression, and other conditions that may result from fatigue, are not normal and can lead to life-threatening illnesses such as heart disease.

Depression in Children and Adolescence

There are well-documented estimates of large and perhaps increasing numbers of children who are experiencing significant mental health problems. These needs have been apparent for some time. Studies in the 1960s and 1970s clearly show the pervasiveness of problems at that time. In recent studies of children in public schools, it is estimated that at least three students in a typical classroom (I. E., 10% of school-age children and adolescents) suffer from moderate to severe mental health problems; many of these children were disturbed enough toward special educational services for the emotionally handicapped.

Currently between 17% and 22% of youth under the age of 18 has some type of emotional, behavior, or developmental problem, in the United States, according to current findings. That number represents between 11 and 14 million youth.

Understanding the behaviors of children and adolescents falls in the following categories, understanding of the development of morality as to what the individual believes would be the morally correct response to problem situations, their psychosocial development, personality factors such as dependency, anxiety and insecurity, aggressiveness and achievement motivation, and parental patterns such as over permissiveness or overprotection.

Work-Shop VI

Solutions to Persons Dealing with Depression and other Mental Health Concerns

Instructed by Reverend Andre Ivy, M.Div., MSW

Introduction:

Mental health has long been a concern for the African-American community and the church. The church has attempted to intervene and assist, but at times has not provided the best support. Persons who been diagnosed with a mental illness need a great deal of support, care, concern, treatment and love. Mental illness is not something that is resolved overnight or after one takes a pill. There are persons who struggle for years and without treatment these persons can suffer for long periods of time.

There are persons in our congregations who have been diagnosed with mental illness and still can be productive members of the church. These persons should be ostracized, alienated or treated any differently. They are humans, but struggle with an illness.

The church can be a place of hope, healing, and support for these persons. Members can be educated about mental health; when there is an understanding people are better equipped and prepared to provide the needed help.

Definition:

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD) and borderline personality disorder. The good news about mental illness is that recovery is possible. [1]

Mental illness refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.

Many people have mental health concerns from time to time. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function. A mental illness can make you miserable and can cause problems in your daily life, such as at work or in relationships. In most cases, mental illness symptoms can be managed with a combination of medications and counseling (psychotherapy).[2]

Mental illness is any disease or condition that influences the way a person thinks, feels, behaves, and/or relates to others and to his or her surroundings. Although the symptoms of mental illness can range from mild to severe and are different depending on the type of mental illness, a person with an untreated mental illness often is unable to cope with life's daily routines and demands.[3]

Assessments and Evaluations:

1. Behaviors are exhibited that warrant concern from family, friends, and church members.
2. Psychological or psychiatric assessment completed by a qualified professional.
3. Diagnosis is ascertained from assessment.
4. Family involvement in assessment and evaluation.
5. Recommendations for treatment.

Treatment Approaches:

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[1] National Alliance on Mental Illness, "Mental Illness," 1996.

[2] Mayo Clinic Staff, "Mental illness," Cleveland, 2012.

[3] MedicineNet.com. "Mental illness basics," 2012.

1. Inpatient Hospitalization
2. Medication management (close follow-up by a psychiatrist)
3. Psychotherapy (by a licensed and trained clinician)
4. Group therapy
5. Supportive outpatient programs

Importance of Medication Management:

1. Psychotropic medications are given to help stabilize the person and address symptoms.
2. It is important that the person take the medications as prescribed.
3. The person should take the medication daily and not sporadically.
4. In order for the medication to be effective it must be taken consistently.
5. Regular follow-up appointments with a psychiatrist are a must.

Counseling and Psychotherapy:

1. There are multiple counseling and psychotherapy approaches.
2. The person will have to develop rapport if counseling/psychotherapy are going to be effective.
3. Counseling and therapy should be done on a consistent basis.
4. The person seeking counseling must open up and share their concerns without fear.
5. Trust must be established early if the counseling is going to be effective.

Example of mental illness in the Bible:

Saul-I Samuel 16:14-23 Now the Spirit of the LORD had departed from Saul, and an evil[a] spirit from the LORD tormented him. Saul's attendants said to him, "See, an evil spirit from God is tormenting you. Let our lord command his servants here to search for someone who can play the lyre. He will play when the evil spirit from God comes on you, and you will feel better." So Saul said to his attendants, "Find someone who plays well and bring him to me." One of the servants answered, "I have seen a son of Jesse of Bethlehem who knows how to play the lyre. He is a brave man and a warrior. He speaks well and is a fine-looking man. And the LORD is with him." Then Saul sent messengers to Jesse and said, "Send me your son David, who is with the sheep." So Jesse took a donkey loaded with bread, a skin of wine and a young goat and sent them with his son David to Saul. David came to Saul and entered his service. Saul liked him very much, and David became one of his armor-bearers. Then Saul sent word to Jesse, saying, "Allow David to remain in my service, for I am pleased with him. Whenever the spirit from God came on Saul, David

would take up his lyre and play. Then relief would come to Saul; he would feel better, and the evil spirit would leave him.[4]

Saul experienced a breakdown of epic proportions:

1. Anxiety, panic, and psychosis can all be described when we talk about Saul in this scripture narrative.
2. Some researchers report that Saul heard voices (evil spirit tormented him).
3. He sought out treatment for his illness (David played the harp to calm his spirit).
4. Saul never got over his illness.
5. He eventually committed suicide in I Samuel 31:4-6 Saul said to his armor-bearer, "Draw your sword and run me through, or these uncircumcised fellows will come and run me through and abuse me."But his armor-bearer was terrified and would not do it; so Saul took his own sword and fell on it. When the armor-bearer saw that Saul was dead, he too fell on his sword and died with him. So Saul and his three sons and his armor-bearer and all his men died together that same day.[5]

What is the Church's Response to Mental Illness:

When does the church intervene and provide assistance? The church's protocol should be no different than mental health agencies. When a person is a danger to himself or others, exhibiting bizarre behaviors, depression that has interrupted the normal flow of life, etc, The church can respond be recommending help and aid to the person with the mental illness. The church can provide supportive counseling, but treatment should only be performed by a licensed and trained professional.

Who is skilled within the congregation to notice behaviors that seem out of place? The church should utilize its members who have training in mental health. They can assist the leaders in identifying persons that may need help and provide training for the church.

Remember that every person that exhibits inappropriate behavior does not have a mental illness. This is important and must be taken serious, because just because a person acts bizarre does not mean that they have a mental illness. The behavior has to be consistent.

The church can provide services within the framework of health and wellness. Many churches have a health ministry and this ministry can lead the charge in educating the congregation on mental illness and provide supportive counseling and assistance to families.

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[4] Samuel 16:14-13, New International Version, 1984.

[5] I Samuel 31:4-6, New International Version, 1984.

When is treatment necessary? The Pastor or any spiritual leader should not try to provide treatment if they are not trained in the area of mental health. No more than 3 counseling sessions and after that refer to a mental health professional.

Mental Health Model for the Church

1. Identify the persons who are trained and have a passion to work with persons with mental illness.
2. Create a ministry that is able to provide education and training for the members.
3. Make a prayer a priority in this ministry.
4. Partner with community agencies for services.
5. Develop a relationship with the local police department.

Scriptures and Mental Health

Does God heal persons from mental health? God can heal from any disease or ailment if he so chooses. He also has the right not to heal and deliver. It is important for us to understand and correctly interpret scripture.

II Corinthians 12:7-10 Therefore, in order to keep me from becoming conceited, I was given a thorn in my flesh, a messenger of Satan, to torment me. Three times I pleaded with the Lord to take it away from me. But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. That is why, for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong.[6]

Above all the person with the mental illness needs to be feel loved and respected by the church. We can show them love by the way we treat them. I John 4:16[7] and so we know and rely on the love God has for us. God is love. Whoever lives in love lives in God, and God in them.

Laying on of Hands

I am a firm believer that the laying on of hands is an effective treatment modality for any illness. God has the final say on who will be healed. It is very important that we do not allow our emotions to get the best of us, but make sure that we have spent time with God before we put our hands on anyone.

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[6] II Corinthians 12:7-10, New International Version, 1984.

[7] I John 4:16, New International Version, 1984

James 5:14 Is anyone among you sick? Let them call the elders of the church to pray over them and anoint them with oil in the name of the Lord.

Mark 16:17-18 Jesus replied, "Blessed are you, Simon son of Jonah, for this was not revealed to you by flesh and blood, but by my Father in heaven. And I tell you that you are Peter, and on this rock I will build my church, and the gates of Hades will not overcome it.

Matthew 9:29 He replied, "This kind can come out only by prayer.

I Timothy 5:22 Do not be hasty in the laying on of hands, and do not share in the sins of others. Keep yourself pure.

Prayer

Prayer is always effective and should be employed when ministering to persons with mental health concerns. Ask the person can you pray with them, before you pray. Do not assume that just because a person has an illness that they want you to pray with and for them.

John 14:13-14 And I will do whatever you ask in my name, so that the Father may be glorified in the Son. You may ask me for anything in my name, and I will do it.

Philippians 4:6-7 Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.

Conclusion:

The church can be a resource for persons with mental illnesses. The church has a responsibility to provide aid and support to families to assist them with their family. When the church is not able to help the person with supportive counseling the case should be referred to licensed professional.

Questions?

APPENDIX C

SERMONS I-VI MANUSCRIPTS

Sermon I

Jesus the Healer

Mark 5:15

Introduction

In 1997 a film was produced by Kenneth Baby face Edmonds, and release by Fox pictures. The film was based on the experiences of an African-American extended-family that were held together by long-standing traditions which had begun to fade away as the family began to face serious problem. The movie Soul Food Soul Food & Uncle Pete

Soul Food is a 1997 American comedy-drama film, produced by Kenneth "Baby face" Edmonds, Tracey Edmonds, and Robert Teitel, and released by Fox 2000 Pictures (in his major studio debut), the film centers on the trials of an extended African-American family, held together by longstanding family traditions which begin to fade as serious problems take center stage. Tillman based the family in the film on his own, and *Soul Food* was widely acclaimed for presenting a more positive image of African-Americans than is typically seen in Hollywood films. . Of course you remember the all star cast:

Vanessa L. Williams as Teri

- Vivica A. Fox as Maxine
- Nia Long as Bird
- Michael Beach as Miles
- Mekhi Phifer as Lem
- Brandon Hammond as Ahmad
- Irma P. Hall as Mother Joe (Big Mama)
- Jeffrey D. Sams as Kenny
- Gina Ravera as Faith

But for our focus on the subject today, our attention is drawn to one of the least mentioned and least viewed characters in this film and that was the part of Uncle Pete played by John M. Watson Sr. I don't know if you remember Uncle Pete but Uncle Pete was the one that never came out of his room. Yes it seemed as though Uncle Pete had a problem, a mental issue and his issue kept him from interacting with his immediate, extended family and the community in general. Uncle Pete watched TV for 10 years without coming out of his room. The way the family communicated with Uncle Pete was by pushing his soul food through the door so he could eat day after day.

And my brothers and sisters, if Truth be told, if we look back over the past and present, it seemed like there were many folk in families that either lived in a room, in the basement or the attic that we would hardly every see because they had extreme behaviors, mood swings, happy one moment, extremely sad the next, spells of anger and disruptive behavior. Periods of the dementia, where they did not know who they were, where they were or who you were and so because of these behaviors the family would confine uncle Larry or Aunt Suzie to the living cut off from society in a room. Quit often the family did not know why or what cause the Uncle Johnny or Aunt Suzie to act in such a manner. As a child when you would ask somebody what is the matter with Aunt Suzie or Uncle Johnny they would said things like, "Uncle Johnny is Touched.. Aunt Suzie has lost her mind…Or just plain gone crazy. Now we know that these actions were cause by some mental disorder.

A mental disorder or mental illness is a psychological pattern or anomaly, potentially reflected in behavior, that is generally associated with distress or disability, and which is not considered part of normal development of a person's culture. Mental disorders are generally defined by a combination of how a person feels, acts, thinks, or perceives.

It seemed like back in those times this was the plot of those that had mental illnesses they were locked away in the cellar or in the attic.

There are some types of mental disorders that may not be as severe and not to the point where a person has to be locked away in a room….. But yet this person still may have actions it is outside their normal personal and cultural development and may cause them to have problems within normal society.

The fastest growing kind of mental disorder in our society today is a disorder called depression.

Severe despondency and dejection, accompanied by feelings of hopelessness and inadequacy and it is accompanied typically with lack of energy and difficulty in maintaining concentration or interest in life. Everyone occasionally feels blue or sad. But these feelings are usually short-lived and pass within a couple of days. When you have depression, it interferes with daily life and causes pain for both you and those who care about you

Many of us are outside but it is just like we are sitting in a room all by ourselves because just like Uncle Pete no one understands us.

1 out of every 5 persons that enters the church house has had depression in the past or is suffering from it right now. That means that if you have 200 people sitting here this morning, which means that 40 of those people fit within that statistic. But yet we have no information for depression, we have no pamphlets in the back letting folks know what

courses may be taken, we have no direction for them, but yet many people are experiencing it. Depression is the number_two cause of disabilities in this country. Some of our physical pain may be cause by depression such as, headaches, back aches, Muscle aches and Joint pains, Chest pains, digestive problem, exhaustion and fatigue.

Because many of us find ourselves living with depression, some of us find ourselves in a similar situation as this man found here in the 5th chapter of Mark. We may not be living in a physical tomb, or chained and shacked, or demonic posed, but the similarities are present.

1. This man's room was the tombs. He lived day and night among dead folk. There is a positive and a negative to living among the dead.
   The positive is that dead folk, can't criticize, Dead folk can't talk about you, Dead folk can't miss use you and abuse you. The only thing that dead folk can be is dead. But then on the negative side of it is that dead folk can't help you, dead folk can't understand you, dead folk can't see beyond your problem help you, dead folk can't listen to your problems, dead folk can't understand. How many folk in church that have depression have to treat others like they are dead folks because they can't talk to us about their problems?
   And this issue goes from the pulpit to the door.
   There are pastors and church leaders that have to treat their congregation members as though they are dead because they cannot expose their mental issue to them. When the Lord lead me to cover this area, I have pastor friends of mine that said Lipsey this subject is great because I, myself suffer from burdensome bouts of depression but I can't tell my membership or even have workshops or seminars to enlighten them to my burden. Some folks have been fired from job because exposing depression and other mental health problems. Talk about Job
   So the question is on this morning how do we migrate from the status of being dead folk to being alive and being able to help someone that have these mental issues.

2. They tried to help by doing what they knew to do They chained him, they shackled him, but one time was not enough because he was able to break the chains and the shackles and so after he kept breaking the chains and the shackles, the towns folk found someone to try and tame him, they came in and tried to calm the possessed man down. But even in trying to tame him, it did not work.
   We as a group of people in this in this country have had a past of slavery, oppression, Uncle Tomism, being overlooked, and passed by. We may have come through physically but mentally there are some things going on with us. And it is time that we start the own up to some of these mental issues that is going on with

us as a people. Because I won't to tell you that when certain occurrences happen in life, it affects your mind. (Last hired, first fired). Sometimes the reason why we have such nasty attitudes, it's not because it's just the way I am, but it is a mental issue, The reason why we act cold and distant is it not just me but it's a mental thing, Why is it that I find myself getting mad, or jealous with folk for no apparent reason, it is a mental thing, because life has dealt us a jacked up deck.
Don't you know that when the right situation happen to you, you're mind can become shackled.

3. Jesus healed him-Depression is a pathway disorder…in other words because depression is an abnormality of feeling, thinking and perception, it can open a person up for other more serious occurrences including demonic possession. As we learned earlier, depression is a disease that is caused by more so the conditions of life, ones environment, what one experiences in life can seriously alter ones thinking, feeling and perceptions. If negative occurrences is a large part of your life than a person can go off the deep end knowing that their life will end up in a negative situation and vice versa.
I believe this is why depression is so prevalent in society today because of the instability of today's society. For example 50 years ago, it was normal for a person to work for 30 or 40 years and retire and that person never had to switch jobs
In more recent years, a person is considered blessed if they work on the same job, 5 years or more. This constant changing of income sources is a cause for depression. It is the same with marriage 50 years it was very common for a person to stay married to the same person all their lives, but in more recent times, marriages is almost like changing shoes, going into one marriage after the other and then having to deal with all the dysfunction that comes with that is a source of depression. With all the negative reports the we listen to day in and day out on the news its always somebody is killed, somebody is hurt, business is closing, storms are destroying property, poverty is rising, homelessness is increasing, the economy is declining, income and wages are decreasing isn't that depressing new…

To get a better understanding of this event is to examine the social importance of Jesus and demoniacs. It is clearly evident by the Scriptures that the performance of exorcism was important in Jesus' ministry. In all, there are five different stories in the New Testament that deals with Jesus and exorcisms directly and then other sidebar stories that show that one of Jesus' regular activities in ministry was performing exorcisms. The performances of exorcisms by Jesus are mentioned more times in the New Testament than any other specific type of healing.[159] Jesus had to demonstrate that not only did he have authority over the physical world by the healing of physical sickness and diseases but also authority over the spiritual world by casting out demons.

[159] Hollenbach, Jesus, Demoniacs, and Public Authorities, 568.

During this time the Romans were occupiers of Palestine. Life was not easy under the roman occupiers. For example going down to be taxed….Many of the folk dealted with the changes but some could not.

If we look at some of the writings of Josephus the historian and Biblical historical writer, we will find that there were other people during this time that performed exorcisms. The thing with them was that exorcism was a long drawn out process.

Burning incenses

Séances

Burning incense

Beatings

Starvation

And the demon might come out.

But with Jesus when the demonic came and worshipped him

Sermon II

Jesus the Healer

The Family Burden

Mark 7:25 for a *certain* woman, whose young daughter had an unclean spirit, heard of him, and came and fell at his feet:

Family burden is the emotional and economic strain that family members experience when a relative is discharged from a mental hospital and returns home. Since World War II the length of hospital stays has declined steadily, and deinstitutionalization has promoted community care of the mentally ill. Studies suggest that more than 65 per cent of discharged mental patients return to their families. Family burden is a complex

problem that seriously affects the treatment of chronic mental patients.[2] Many people experience mental health problems at some time during their lives. At least one in five children and adolescents may express a mental health problem in any year and in the U.S., it is estimated that one in 10 children and adolescents suffer from mental illness severe enough to cause some level of impairment. However, in any given year, it is estimated that fewer than one in five of such children receives needed treatment.[3]

A mental disorder in children results from the interaction of a child and his or her environment. Thus, mental illness often does not lie within the child alone. Within the conceptual framework and language of integrative neuroscience, the mental disorder is an "emergent property" of the transaction with the environment. When proper assessment of a child's mood, thought, and behaviors combined with a simultaneous consideration of nature and

Nurture, genes and environment, and biology and psychosocial influences, a mental illness can be diagnosed and treated.[4] Mental illnesses in children should be treated, when young people's mental health problems go untreated, they can affect their development, school performance and relationships. The state of their mental health affects how they view themselves and others, how they evaluate and react to situations, and what choices they make and actions they take. Because mental health problems can affect a young person's judgment, in the rare case, emotional disturbances and mental

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[2] Howard H. Goldman, American Psychiatric Association, July 1982: "Mental Illness and the familyBurden: A Public Health Prospective," http://ps.psychiatryonline.org/article.aspx?articleID=68434 (Accessed November 3, 2011)

[3] Friedman, R. M., Katz-Leavy, J. W., Manderscheid, R., & Sondheimer, D., *Prevalence of Serious Emotional Disturbance in Children and Adolescents*. 1996. Washington, DC: U.S. Government Printing Office, 71-89.

[4] The U.S. Department of the Surgeon General, A Report of the Surgeon General Mental Health, 1999: *An Overview of Mental Health Disorders in Children,* Washington, DC: U.S. Government Printing Office. Chapter 3 http://www.surgeongeneral.gov/library/mentalhealth/chapter3/sec3.html (accessed November 4, 2011)

disorders can be a risk factor for violence.[5] The concept of family burden illustrates the impact of mental illness on families. Objective burden includes the practical, day-to-day problems and issues related to having a family member with a mental illness, such as loss of income and disruption of household routines. Subjective burden includes the psychological and emotional impact of mental illness on family members, including feelings of grief and worry. The stresses of illness exacerbations coupled with limited social and coping capabilities contribute to subjective burden.[6] The recent Clinical Antipsychotic Trials of Intervention Effectiveness (CATIE) study found that most family members reported strains associated with supporting their ill relative.[7]Studies have found that caring for a child with mental health care needs affects financial well-being more than caring for a child with other special health care needs. Parents of children with mental health disorders are also more likely than other parents to cut work hours, to quit work, and to spend more time arranging their child's care.[8]

Here in this text we find a family that is have and experiencing the burden of having a child with a mental condition.

I like the way Mark uses this introductory sentence to give and outline of the whole context of this story.

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[5] National Dissemination Center for children With Disabilities, "Emotional Disturbances," NICHCY, http://nichcy.org/disability/specific/emotionaldisturbance (accessed November 4, 2011)

[6] Solomon P, Draine J. "Subjective burden among family members of mentally ill adults: relation to stress, coping, and adaptation," *Am J Orthopsychiatry* 65, (1995): 419-425.

[7] D A Perlick, R A Rosenheck, R Kaczynski et al. "Components and Correlates of Family Burden in Schizophrenia," *Psychiatric Services* 57, (2006):1117-1125.

[8] Mental Health Disorders in Childhood: Assessing the Burden on Families http://content.healthaffairs.org/cgi/content, (accessed November 4, 2011).

For a *certain* woman-This woman was a Greek, a Syrophenician by nation; in other words she lived in Syria in the nation of Phoenician and the bible does not say anything thing about this woman's husband or her status in the community, if she was sick or well but we do know that this woman was a mother for in this incident, she traveled two days journey or thirty miles from Syria, southwest ward down to Trye on the coast of the Mediterranean sea, where the man Jesus was vacating in order to seek out help for her child. Because the problem was as Mark writes and say that she has a daughter that is possessed by demons. Matthew according to the Holman Christian Standard Bible in chapter 15: verse 22 puts criticalness to because he says the mother states, "My daughter is cruelly tormented by a demon. During biblical times there was not much information available that extensively discussed the topic of mental illnesses, few if any medical writers discuss the topic. Writers such as Aulus Cornelius Celsus wrote popular encyclopedia series that covers some of the perceived on sets and treatments for those that were perceived to be mentally ill. Celsius gave some information in his writings toward the symptoms of mental illness:

> there are several source of insanity; for some among insane persons are sad, others hilarious; some are more readily controlled and rave in words only, others are rebellious and act with violence; and of these latter, some only do harm by impulse, others are artful too, and show the most complete appearance of sanity while seething occasions for mischief but they are detected by the results of their acts.

Why would she travel this far to seek out help when there were others that practiced the exorcizing of demons?

The process of exorcizing a demon was a long, stressful, and painful process it would include: séances, burning different types of incenses, beatings, burnings, starvation and somewhere during this process the demon possessed person would snap back to reality as the demon would be so uncomfortable that it would leave.

Because she loved her daughter she did not want her daughter to go thru so much antagonizing treatment. I'm sure she had talked to some of the exorcist that was in her area and all of them had to go thru this long grueling process.

Mark writes and says, "Heard of him, this mother had heard about a man named Jesus.

Go over some of the miracles of Jesus: The Blind man, the pool of Bethedisa, Legion, and he said that because he was the Son of God all sickness and disease had to leave upon HIS word.

Have you heard today that Jesus is a healer? Jesus can heal your family. Jesus can ease your burdens.

Sermon III

Faith on the way Back Home

Mark 7:30
She went home and found her child lying on the bed, and the demon gone.

John Ortberg states:

"The decision to grow always involves a choice between risk and comfort. This means that to be a follower of Jesus, you must renounce comfort as the ultimate value of your life. And that's sobering news to most of us, because we're into comfort...but water walkers master failure... Did Peter fail?...Failure is not an event, but rather a judgment about an event. Failure is not something that happens to us or a label we attach to things. It is a way we think about outcomes...Did Peter fail? Well, I suppose in a way he did. His faith wasn't strong enough. His doubts were stronger. 'He saw the wind.' He took his eyes off of where they should have been. He sank. He failed. But here is what I think. I think there were eleven bigger failures sitting in the boat. They failed quietly. They failed privately. Their failure went unnoticed, unobserved, uncriticized. Only Peter knew the shame of the public failure. But only Peter knew two other things as well. Only Peter knew other things as well. Only Peter knew the glory of walking on water. He alone knew what it was to

attempt to do what he was not capable of doing on his own, then feeling euphoria of being empowered by God to actually do it. Once you walk on water, you never forget it--not for the rest of your life!"

For some of us here this morning, doubt is something that we experience every week. Yes we come to church and our faith is built.

We pray and ask God for a blessing, deliverance, a healing, a miracle and while we are in the church house we believe God, that God is able. Yes we leave the church house as water walkers, but yet the problem lies when we leave the church and take the trip back home and for many of use by the time we reach home our faith that God will do what we ask is gone and doubt has set in. And like Peter we began to sink.

Here in this text we find a family that is have and experiencing the burden of having a child with a mental condition.

I like the way Mark uses this introductory sentence to give and outline of the whole context of this story.

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The trip back home: The Text says in the Holsman Bible Matthew say that Jesus says "Woman, your faith is great. Let it be done for you as you want." There is a time from receiving to manifestation

And we must keep the faith from receiving to manifestation

This is not a strange concept, we pay thousands of dollars to go to seminar and workshops and let somebody tell us to follow your dream, don't let the dream die, follow your vision

As you ask in this service this morning whatever it may be….elaborate, as you leave her and take the trip to manifestation, don't lose the faith

I'm sure her friends challenged her…
I'm sure the doctors challenged her.
The possible doubt in her own mind challenged her
But she kept the faith.

Sermon IV

Help my Unbelief

Mark 9:24

An atheist is someone who pretends that there is no God. Creation screams of the genius of the creative hand of the Almighty, yet the skeptics shut down his mind. You can lead an atheist to evidence, you can't make him think. He wrongly assumes that the Christian has made a decision to believe in an invisible God for whom there is no evidence. Yet all sane people believe in God Romans 1:18 – 20. Creation and conscience leave the doubter without excuse. However, requirement for salvation or healing is not an intellectual one, yet it entails believing God. Trusting him is to imply trust his word, not only accepting it as absolute truth, but appropriating it as though your very life depended on it.[160]

The father brought his son to Jesus; it is interesting to note here that fathers in our modern society is seen as not caring for the children, fathers that are not on the scene, father then abandoned the children, fathers that a Rolling Stones, fathers that are abandonment artist, but contrary to this belief, In a 1980 Gallup poll, six out of ten fathers said their families were "the most important element of my life at this time." Only 8 percent said their families were unimportant to them.[161]Here in this story we have a concern father. This father told Jesus of his son's pain and suffering. The young man would jump into burning fires, garnished his teeth, foam at the mouth, try to commit suicide. The new Century Bible say it's," he had an evil spirit in him that stops him from talking. When the spirit attacks him, it throws him on the ground. Then my son foams at the mouth, grind his teeth, and become very stiff.

If we look at these symptoms from a mental health standpoint, it could be determined that this young man was having brief psychotic disorder episodes. According to the DSM-IV, the individual suffering from such episodes would typically experience emotional turmoil, overwhelming confusion; they may have rapid shifts from one intense affect to another. Supervision would be required to protect the individual from poor judgments, cognitive impairment, and acting on basic dilutions (that may make him cast himself into a fire). There is a risk of mortality especially among younger individuals.

The father asked Jesus if anything could be done and this was Jesus' reply, if thou canst believe, all things are possible to him that believe (Mark 9:23) this father tells Jesus that his son went to the disciples but they could not heal him.

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[160] R. C. Sproul Jr., *Believing God: Twelve Biblical Promises Christian Struggle to Accept,* (Lake Mary, FL, Ligonier Ministries, 2009). 9.

[161] Charles a Smith, "Father's Care," Pioneer Thinking http://www.pioneerthinking.com/fathercare.html (accessed on November 12, 2012).

Bishop Augustine of Hippo statement that "we can never wrap our mind around the totality of God>Theology organize the information we have about God and we learn of God in section…We may be knowledgeable in this area but not in another and etc….This man believed in Jesus but he did not know if he believed that Jesus could heal his son. And so he shouted out Lord help my unbelief.

This man admitted that he had a problem with his belief in the power of God.

I believe that there are some gathered here today that have the same issue

We have great faith in some areas but we have no faith in others. (Bridge over troubled waters, Bread in a starving land, Shelter in times of storm).

I'm not saying this haphazardly tonight….because if we look at the disciples they give us prime example of this.

Earlier in the ministry the disciple were sent out to heal the sick, and cast out demons

In Mark 9:38 the disciple mention that they had ran into someone else that had that was casting out demons in the name of Jesus and they rebuked him because he was not a part of their group.

But when this father brought this child to the disciples, they could not heal him…

The disciples were respected and recognized by the crowds as men of faith. Remember these disciple were with Jesus when he walked on water, 5000, gave sight to the, healed the lame and cast out. But still they lacked the faith the disciples would never have admitted to such unbelief publicly. The file the insane just a little faith, but it was faith that's all that mattered. It does not take a whole lot of faith to cause the mountain to be removed. It does not take a whole lot of faith to call impossible to be possible. This was the great difference. The father had faith, the disciples didn't. So the question is tonight are we like disciple, because people are coming to us because we say

We walk by faith and not by sight

Our footsteps are ordered by the Lord

We move by the Power of God

Folk are coming and we are sending them to everywhere to the lawyer and to the doctors and Im not saying that that is wrong but before we send anyone anywhere we must evoke the name of Jesus into their situation.

Because there is power in the name of Jesus, Power-comes from the Greek word dynamos-which means dynamite.

One of the fundamental basics of Jesus' being and coming was that he was to bring healing…this is why John ask Jesus is he the messiah or should we look for another.

Sermon V

God of Mercy

Deuteronomy 4:31

For the LORD your God is a merciful God; he will not abandon you or destroy you or forget the solemn covenant he made with your ancestors. *New Living Translation*

Introduction: The Story of Jonah and the mercy that God executed on the Ninevites. Jonah did not want to go to Nineveh because he knew how God was the he would execute mercy if the Nineveh decided to repent.

Why is God a God of Mercy---Explain God's Holiness-down the ages, theologians and ordinary Christians believers have had no hesitation in speaking about God in personal terms, for example Christians have ascribed to God a whole series of attributes such as love, trustworthiness, and purpose which have strong personal associations. The Christian practice of prayer seems to be modeled on the relationship between a child and a parent. But this begs the question, being that we can be so personal with God, have we forgotten as a people the complete perfection and holiness of God. Have we through being personal, brought God down to our level or is God still as the angles said Holy, Holy, Holy. Holy is used in various forms over 650 times in the Bible.

The Greek noun hagiasmos, "holines," "consecration," or "sanctification," [1] is from the root hagios which means holy or sacred.

Two ideas of Holiness:

One of the meanings of holiness is the idea of being "set apart." God is apart from us. He is in a class by Himself. "There is a profound difference between Him and those He has created. When the Bible speaks of holy objects or holy people or holy time, it refers to things that have been set apart, consecrated, or made different by the touch of God upon them. It was the nearness of the divine that made the ordinary suddenly extraordinary and the common, uncommon." Holiness means that God is transcendent (or unique and superior) in His greatness.

The second aspect of holiness (and the one we generally think of first) is the idea of purity. God is good. He does what is right and never does what is wrong. God is unstained by, and uncompromising with sin. God does not "bend a little" when it comes to wrong-doing. God always acts in a righteous manner because His nature is holiness. He is

both great and good.

Holiness is to be separated from sin AND, therefore, consecrated to God.

Isaiah 6:3 "And one cried unto another, and said, Holy, holy, holy, is the LORD of hosts: the whole earth is full of his glory."

Revelation 4:8 "And the four beasts had each of them six wings about him; and they were full of eyes within: and they rest not day and night, saying, Holy, holy, holy, Lord God Almighty, which was, and is, and is to come."

You will note what the angels sing is holy, holy, holy. It's not just holy. It's not even Holy, Holy. They proclaim "Holy, Holy, Holy is the Lord of hosts".

Why holy 3 times?

Similarly to our bold, italic, and underline, a Hebrew emphasis was repetition.
So the angels are not content with, "Holy!" And they are not even content with the emphasis of, "Holy! Holy!" They must say it three times—"Holy! Holy! Holy!" They take it to the third degree—the unmatched degree. No other attribute of God is praised like this. Not love or mercy or justice or sovereignty. Just Holy.

Just as in the game of golf when an unskilled player is playing with others that are skillful. The unskilled player is given what is called a handicap. A golfer's handicap allows golfers to compete with each other on a level playing field. If you are a scratch golfer, you have a zero handicap and are given no strokes to add to your final score. The local golf association assesses the difficulty of the course, with a course rating and index. All eighteen holes are rated in terms of difficulty, with the hardest hole given the "1 rating" and the easiest given the "18." If you have a seven handicap, then you are given strokes on the seven hardest rated holes, which allow you to be on the same level as a scratch golfer. If you have a handicap of twenty-four, then you would get a handicap of two strokes on the six most difficult rated holes and one stroke on the rest. If a golfer has a plus handicap, his handicap index is lower than the course rating. For example, a golfer with a plus two handicap would add a stroke to their handicap score on the two easiest rated holes.

God's mercy is much like this when God deals with humans. Because of God's perfection and holiness, God's mercy is what allows this perfect and holy entity to have relationship with the sinful and depraved human kind.

When you are a child of God, God operates more in the dimensions of Mercy than Justice with you.

Text

The children of Israel had come to the end of the 40 years of wandering in the wilderness. In this portion of the text, the children of Israel were encamped on the east side of the Jordan River preparing to go in and take the land of Canaan. Moses is teaching the people the commandments, statutes, and the expectations that God has for them when they cross over into the land. Moses even goes into the future, years after they have occupied the land and have conquered and have grown prosperous, Moses let them know that even if they turn to other God's and worship them, that if they turn from these ways and go back to the Lord, the Lord will have mercy on them and restore them to greatness. It seems like the Lord knew what the children of Israel would do once they obtain greatness. It seem sad that when God brings us out of the pits of poverty, when God brings us beyond the chains of sickness, when God brings us beyond the shackles of injustice, that we often, instead of being more open to God and more obedient to God, turn to the wicked ways of our environment. God knows this propensity in humans and this is why God must deal with us with mercy.

I the Lord your God is a Merciful God- Yes God knows that we are a sin sick race of people. Yes the Lord knows that there is something wrong with each and every one of us. Just as we can be and do well, yet we also struggle against a depraved heart. Jeremiah 17:9 "The human heart is the most deceitful of all things, and desperately wicked. Who really knows how bad it is?" But not only does God deal with it, but is so merciful with humans that, Jesus calls us friend (John 15:15), and we can call God, father (Matt.6:9).

Talk about here how God explained an aspect of himself so that we could worship God. In the Bible anytime God gives us characteristics of himself and gives us the ability to worship him. Worshiping someone of something is basically expounding upon the things that we know about them into an expounding form.

Abandon Abandonment: From the word Abandon which means: To forsake entirely; as to abandon a hopeless enterprise, to renounce and forsake; to leave with a view never to return; to desert as lost or desperate. (Synonyms: desert, forsake, leave, quit, forego, give up, take leave of. Evacuate) Abandonment then means: "A total desertion; the state of being forsaken."

Many of us sitting in this church house today suffer from being abandonment. Throughout our lives so many people comes into our lives, gain our trust and leave out of our lives, sometimes for obvious reasons but then on the other hand for unknown reasons and we wonder why this person that we trusted left out of our lives, when people you trust

and love ignore you, leave you alone and by yourself, stop taking care of you, when you are left alone to fend for yourself, when you are the one being made fun of by your peers and family members, these actions leads to a sense of abandonment and initiate feelings of rejection. Feeling that you don't belong, feelings of unworthiness and no value, feeling of uselessness, feelings of not being loved and accepted, feelings that you are not important nor your needs, feelings of no matter what you do, it is not good enough, are some of the feeling when a person feels rejected.

Because we experience so much abandonment in life from love one, family members, friends, peers, and Associates, many times we bring God down to the same level as the people that we have experienced in our lives and in our sub conscience we feel that just as these people that we have trusted in life that have abandon us that God will do the same thing. But God lets us know in this text that because He is a merciful God, He will never abandon us. People will abandon you if you don't look, talk, walk, sound, produce like they want you to, people will walk out and leave you but God says to believers that He will never abandon them.

Destroy you- Destroy means to damage beyond use or repair; To cause destruction; To neutralize, undo a property or condition; To put down or euthanize; (transitive) To defeat soundly.

The Old Testament records much destruction. From the destruction of great flood where all people were wiped out except for those on the Ark, the destruction of Sodom and Gomorrah. The great destruction in Egypt-the killing of their first born and the drowning of the entire Egyptian Army in the Red Sea; the many nations that the Israelites utterly destroyed at the command of God during their 40 years of wondering in the wilderness. They knew that God could destroy them if God wanted to. But God assured them that even if they turned away from Him, that He would not utterly destroy them as He had done others, because the Israelites were HIS children.

Psalms 37:24 though he fall, he shall not be utterly cast down: for the LORD up-holdeth him with his hand.

No temptation has overtaken you that is not common to man. God is faithful, and he will not let you be tempted beyond your ability, but with the temptation he will also provide the way of escape, that you may be able to endure it. Corinthians 10:13

And it is because of the promise:

And Moses said to the Lord: "Then the Egyptians will hear it, for by Your might You brought these people up from among them, and they will tell it to the inhabitants of this land. They have heard that You, Lord, are among these people; that You, Lord, are seen face to face and your cloud stands above them, and You go before them in a pillar of cloud by day and in a pillar of fire by night. Now if You kill these people as one man, then the

nations which have heard of Your fame will speak, saying, 'Because the Lord was not able to bring this people to the land which He swore to give them, therefore He killed them in the wilderness.' And now, I pray, let the power of my Lord be great, just as You have spoken, saying, 'The Lord is longsuffering and abundant in mercy, forgiving iniquity and transgression; but He by no means clears the guilty, visiting the iniquity of the fathers on the children to the third and fourth generation.' Pardon the iniquity of this people, I pray, according to the greatness of your mercy, just as you have forgiven this people, from Egypt even until now." (NKJV)

Moses prayed this prayer in the hopes that God would not destroy the children of Israel. Moses prayed an intercessory prayer to the Lord. Intercessory prayers are prayers that one person prayed and talks to God on the behalf of another person.

In today's society we for me myself and I, but when there is intercessory prayer we pray for other folk. Do we not realize that if someone had not been praying for us God's hand of judgment would've not been state? You remember all those times you seen your mama and your daddy pray, your grandmother and your grandfather prayed, your pastor, people in your religious community prayed on your behalf, and God promised them to stay his hand of judgment from you and show you mercy.

When you would just a little boy or a little girl, some folk in the church family prayed for you that you would get to know Jesus as your Savior, because they knew that if you only knew Jesus, then you would be connected to the promises of God.

We must understand my brothers and sisters, that it is not my righteousness, it is not my talk is not my walk, is not how pretty I am, is not how handsome I am, is not my Stacy Adams shoes that I wear, is not my Georgio Velinti suite that I wear, is not the coach handbag that I carry, is not my money, is not my political power, is not the amount of friends that I have, is not the the Mercedes on the Lexus that I drive, it is not a mansion on the hill that I live in, but it is the promises of God that makes me who I am.

That's what the old Saints realize. Just as God promised the children of Israel that he would not abandon or destroy them, uniting with Jesus the Messiah unites us to the same covenant to the same mercies of God.

Jesus promise, that he is the light and whosoever believes it in me shall not stay in darkness. John 12:46.

Jesus promise, that if you receive me and believe it in my name you will become the children of God. John 1:12

God is our refuge and our strength and ever present help in times of trouble Psalms 46:1

Come to me all who are weary and burdened and I will give you rest Matthew 11:28

he gives strength to the weary and increase the power of the weak Isaiah 40: 29

Moreover, when God gives any man wealth and possessions, and enables him to enjoy them, to accept his lot and be happy with his work. This is a gift of God it. (Ecc 5:19)(

Trust in the Lord with all your heart and lean not to your own understanding; in all your ways acknowledge him, and he will make your paths straight. (Proverbs 3:5,6)
Whosoever believes it in me shall have everlasting life John 6:47.
I Will Never Leave You nor Forsake You
Hebrews 13:5-6
He told Joshua…
He told the Christian church….
You know how it is when friends walk away from u…I had a friend of 15 years..

He telling you I will never leave u nor forsake u….
I will be with you always even until the end of the world

Sermon VI

Wilt thou be Made Whole

John 5:5-6

"Now a certain man was there who had an infirmity thirty-eight years. When Jesus saw him lying there, and knew that he already had been in that condition a long time, He said to him, 'Do you want to be made well [whole]?

The human brain is the largest and most developed of the animal kingdom. In its development, it has three main regions, The Hinder brain which is located around the base of the spinal cord, the Hippocampus which is the middle region of the brain and, the Cortex or the frontal lobe which is located at the top and front of the skull. These regions also assist the human in the operations of everyday life. The hinder brain is where our primal instincts are located. The desire to survive, desire to be number one, desire to reappropriate, the instinctive jealousy, all located right there in the hinder brain all animals have hinder brain. The hippocampus is the memory area of the brain. The hippocampus from the moment you are born starts to store information and at the blink of an eye you're

able to retrieve information from this area of the brain. All animals I have this area in the brain that allows them to store and retrieve information. But the reason why humans are at the top of the food chain or at the top of the animal kingdom is because of the development and the size of the cortex region of the brain. This area of the brain is largest and most developed in human. The lobe areas of the brain is where cognitive functions take place, we perceived, we are able to think, to calculate, to formulate, to reason, to feel, to have joy, to feel pain, to feel hurt, to feel guilt. And because of the depth and complexity of this area, when we feel, we really feel. I am here to tell you this morning that the feelings of guilt are no joke. The feeling of guilt comes about when we have broken a moral law or moral standard. Guilt is a feeling that is experienced when a person feels regret over something they thought, something they said, or an action the person has done. "Guilt is the regret or pain we experience when we choose to act in conflict with our conscience and beliefs" (Give the example of the skit at Lewis chapel-liars, impurities, pornography, drinking) In most cases it is not something that would land us in jail, but constant guilt can bind us and chain us in the mind. Guilt sets you at turmoil within yourself. For example, we are taught from the time we were small children not to lie, cheat, or steal, but yet as we grow older, we find ourselves doing the very same things that we have been taught not to do and it sets up the stage for having guilt within the mind. This is what psychologists believe happened to King Saul in the book of I Samuel. King Saul listen to and desire to follow the directions of God as they came from the prophet Samuel but yet, King Saul did not do as God had ordered bring him to have fits of depression, anxiety and rage that could only be relieved when David played the harp. Psychologists call this cognitive dissonance.

But thank God for Jesus and his ability to forgive sin.

The text asks the question Wilt thou be made whole?

For those folks that are in situations where you think there is no hope, here you have an encouraging word for you just in the logistics of this text. The Bible records that this text takes place at the sheep gate around the pool of Bethesda. And there were five porches that ran off into the pool and owned these five porches there were a great multitude of impotent people these were people that were immobile didn't have the ability to walk they had body parts that had shrink and was smaller than other parts. Bible said they were lame and halted. The actuality in this text it gives us the first indication in the Bible of a nursing facility, the name Bethesda itself means house of mercy. But if you've ever been to a modern nursing home could you imagine what a nursing home would be like without nurses, without CNA, without those folks that clean up after the patient, and kept the patient's clean. Could you imagine the smell and the unsightliness of the place? When you have hundreds possibly thousands of people visit this place all day long and can't move, they are lame and can't get around but yet they waiting their all day long for the moving of the water. But yet in the mist of all this Jesus came. Yes I want you to know this morning that Jesus will come to your rescue no matter what kind of mess you got yourself in, no matter how deep you that it may be, no matter how high your mountain may rise. No matter how wide your river may be to cross, Jesus will come and see about you.

2. Forgiveness- Guilt was a heavy weapon in the Israelite culture. It was believed that if a person was suffering from any type of sickness it was because something was wrong… It was because of past or present sin and that person had done something wrong and hadn't asked for forgiveness or been forgiven. Even in the ninth chapter of the gospel of John

when questions were asked about the blind man, the people automatically assume that this man had sinned or his parents had sinned that caused his blindness. This cultural phenomenon of Christ era was used by the religious elite such as the scribes, Pharisees, and Sadducees to bring about a religious cast system. A caste system is a type of social structure which divides people on the basis of inherited social status. Although many societies could be described in this way, within a caste system, people are rigidly expected to marry and interact with people of the same social class. The scribes, Pharisees, and Sadducees were deemed to be holy men they followed the mosaic law to the letter and because they felt themselves to be holy, they separated themselves from people they felt that were less holy than they, and they used the guilt of sin to keep people bound to the law thereby keeping themselves with the status and being holy and above regular people. The problem they had with Jesus was that Jesus proclaimed himself to be holy but did not separate himself from sinners. And to top that Jesus had the audacity to tell these sinner that they're sins had been forgiven.

You see when sins are forgiven the mind can be sit free, when sins are forgiven chains can be broken, when sins are forgiven I can make a new start, when sins are forgiven, you are no holier than me and I am no holier than you, when sins are forgiven, we both are on the same page, yes when Jesus forgives, my sins are as far as the east is from the west in the sight of God. Yes I don't worry any more about what man thinks about my sins. But I keep in mind what God thinks. So when the Lord stepped in to this man's life at the pool of the Bethesda, his life would never be the same. Because not only did Jesus healed him physically where he could walk again, but Jesus healed him mentally because it is mind was not bounded by guilt anymore and he freed him spiritually. But it

3. As long as we live in our human body we will be subject to sickness and disease. However, the more whole we become emotionally and spiritually the healthier we are more likely to be physically. Unresolved spiritual and/or emotional issues make us much more susceptible to illnesses of all kinds.

For instance, a person whose life is riddled with guilt because of un-confessed sin, or is nursing a grudge and refusing to forgive someone who has hurt him or her is more than likely to get sick physically and/or mentally. Many an ulcer, for example, is caused not so much by what we are eating but by what is eating us on the inside.

While the principle for being made well/whole is simple, the process is anything but simple. That is, if we want to be made well/whole, we need to resolve all past hurts, forgive anyone and everybody who has ever hurt us, face and resolve every buried negative emotion, deal with and resolve any un-confessed sin, and make our life right with God. Remember, too, there is a world of difference between a want and a wish. To be made well/whole takes real commitment, personal honesty, and determination. The half-hearted never make it. They may wish to get well but they don't want it badly enough to be willing to pay the price of what it takes to be made well/whole.

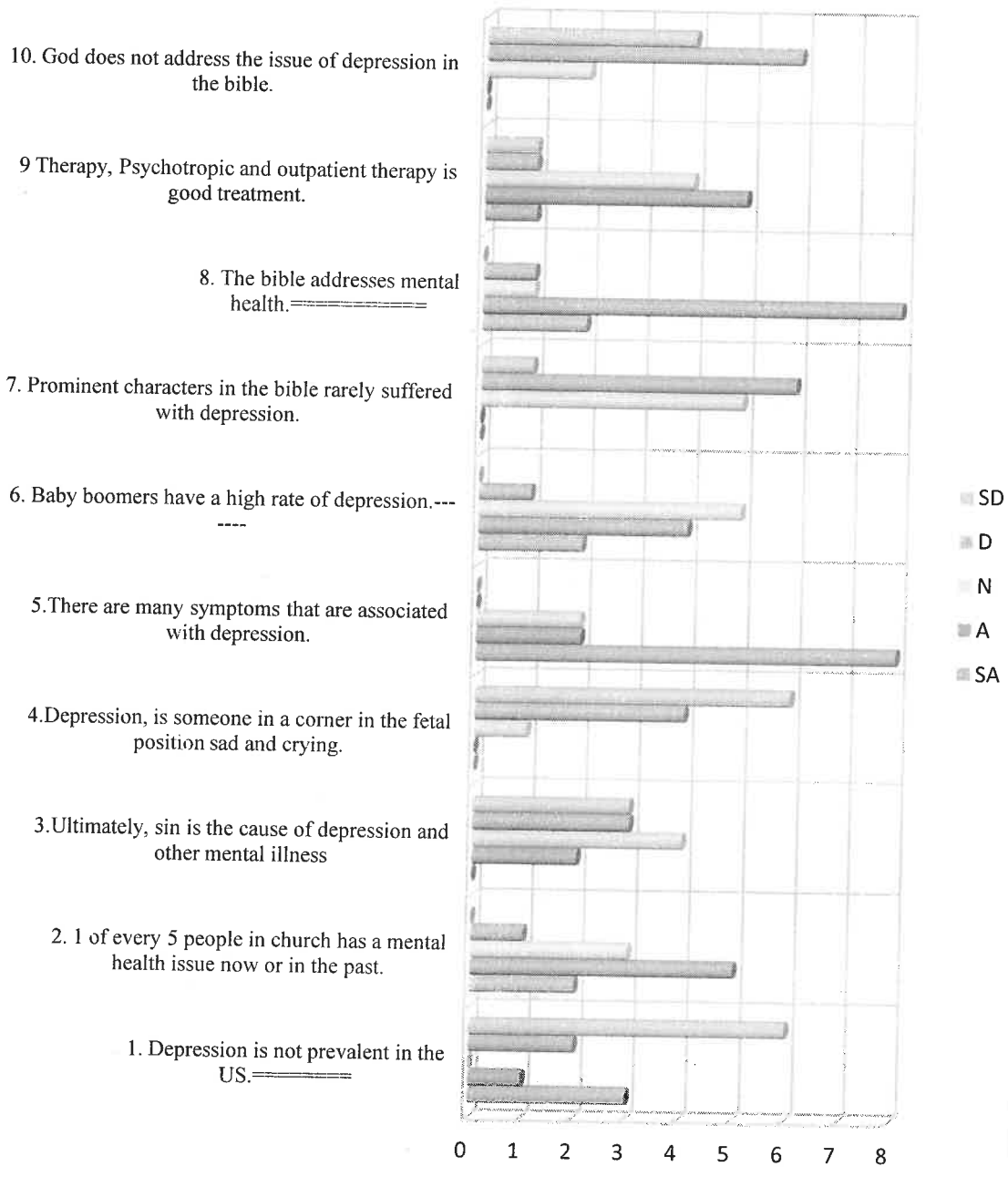
Jesus' invitation is still available. Wilt thou be made whole is the whole.

When you made whole not only are you he'll physically but you mind if set free because you see and have been forgiven. And because you'll sin often given the chains that been back in the you are broken the term all that you've been going through past see because the Lord has cast your sin as far as the east if from the west.

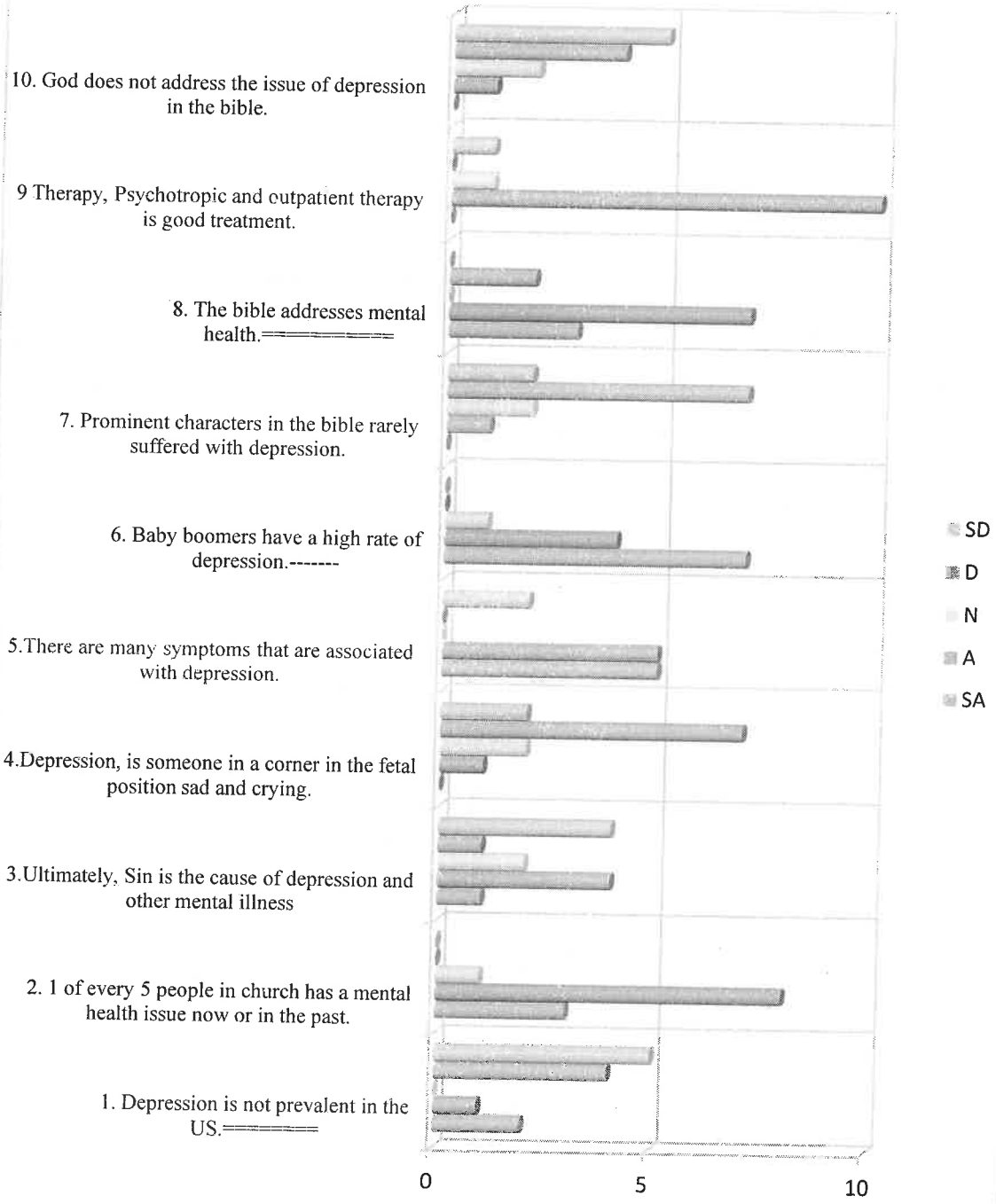
APPENDIX D

PRE & POST TEST, WORKSHOPS AND SERMONS
QUESTIONIEER RESULTS IN GRAPH FORM

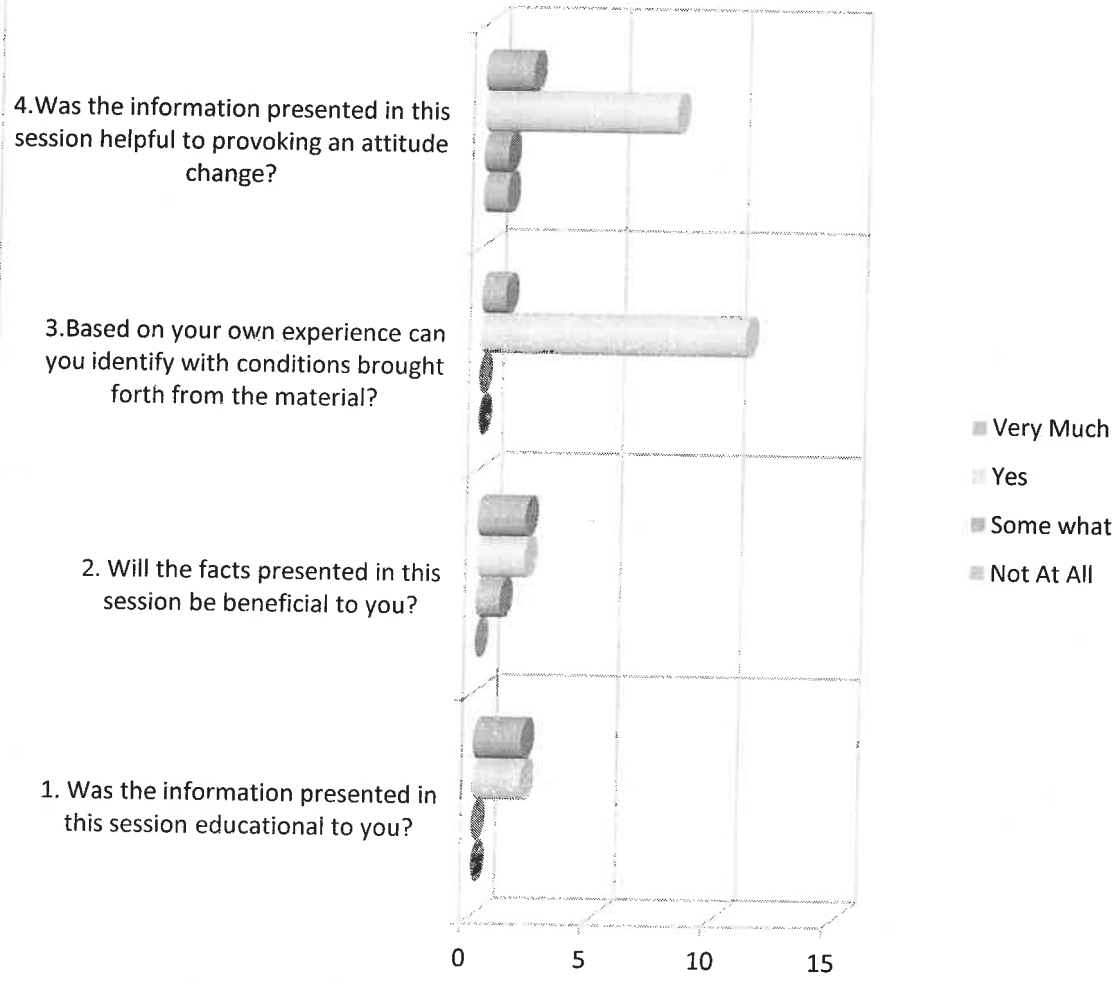
Pre-Test Results



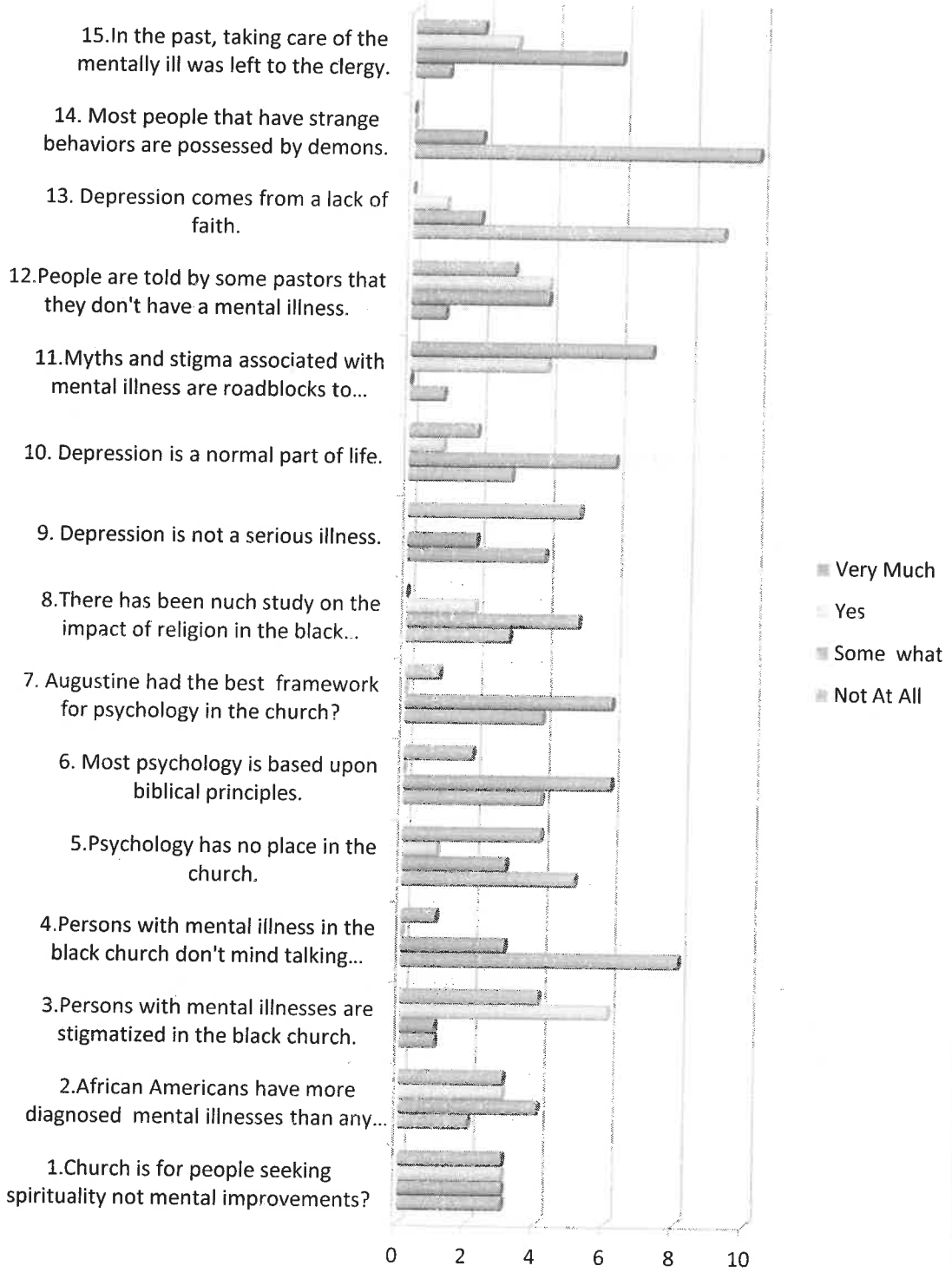
Results-Post-Test



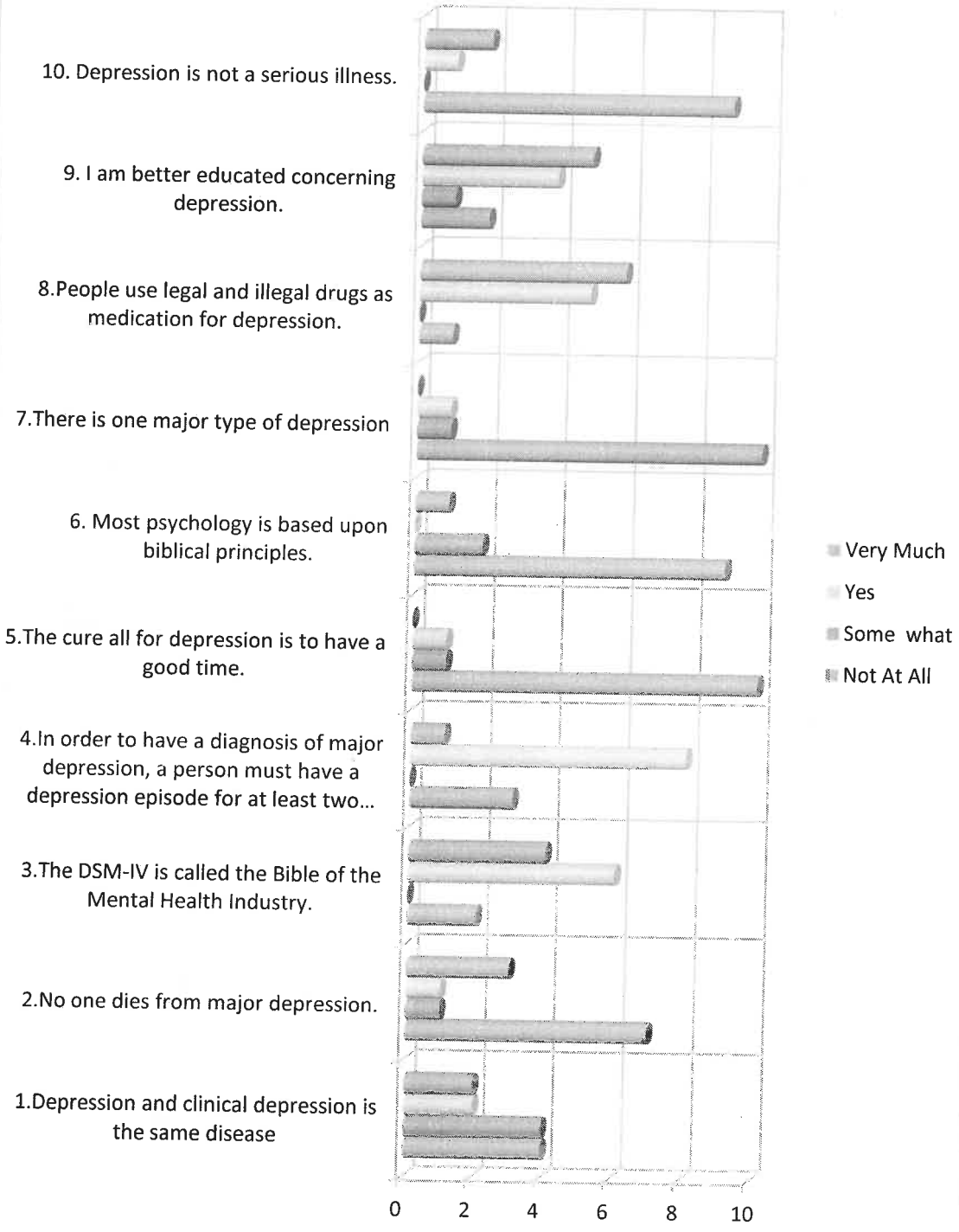
Results-Workshop I Questionnaire



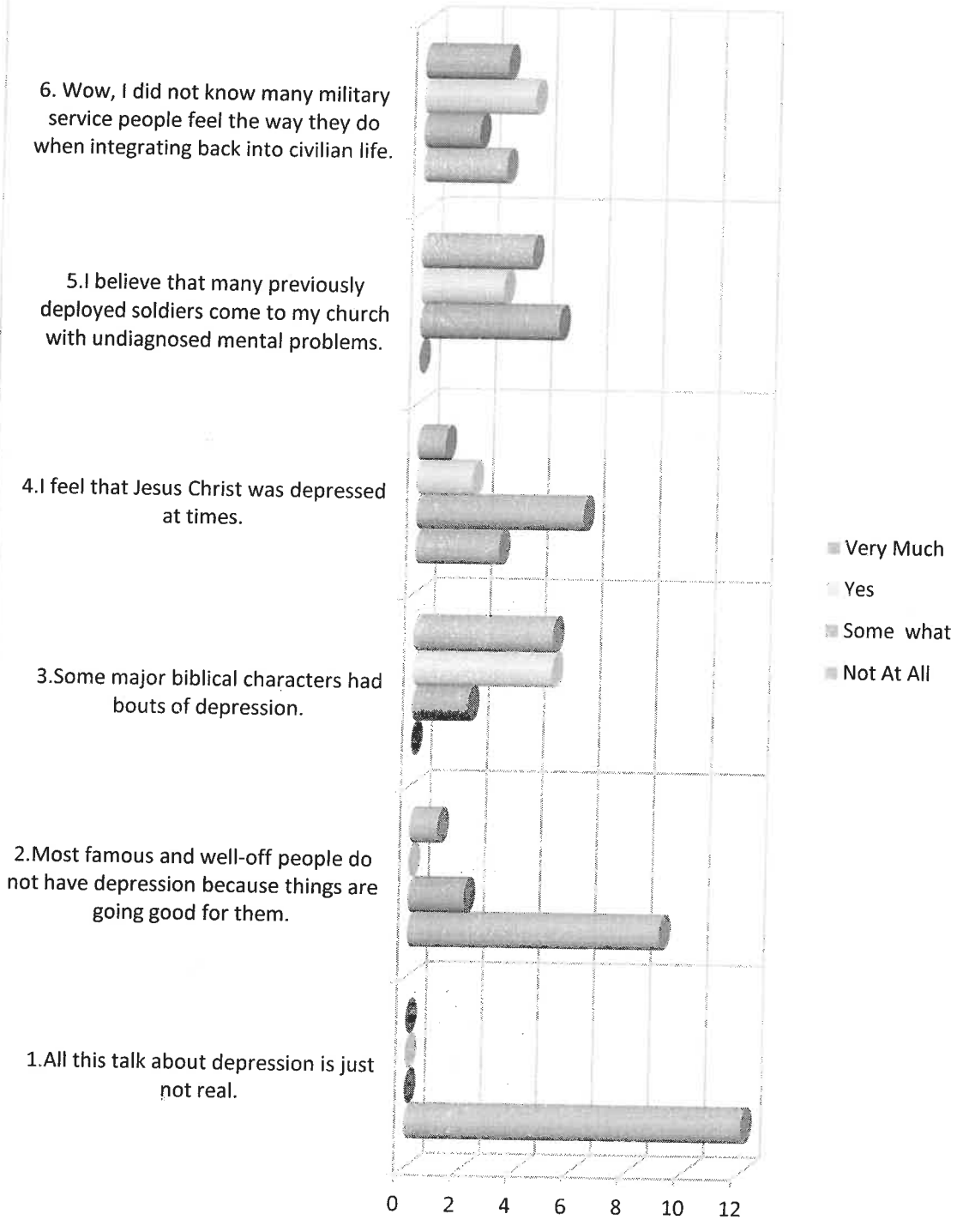
Results-Workshop II Questionnaire



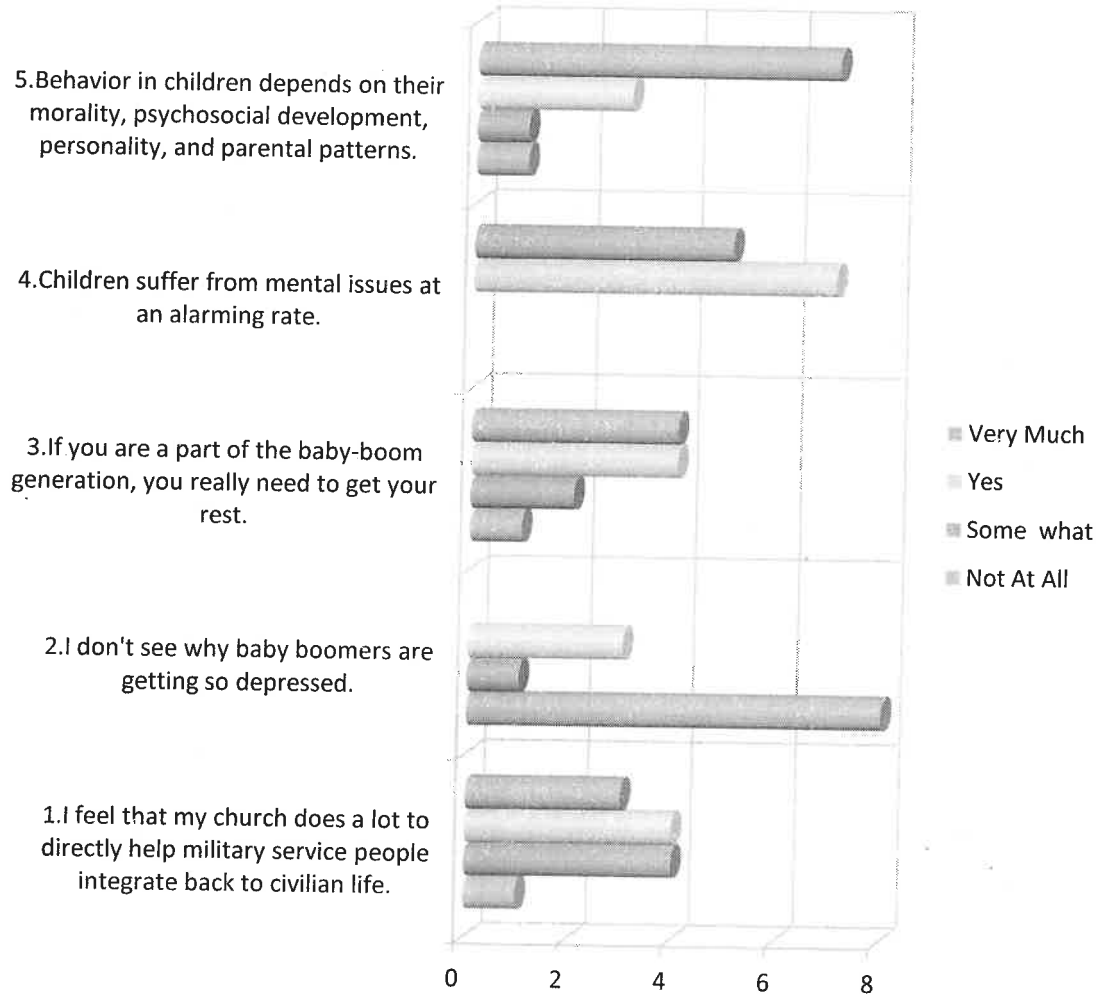
Results-Workshop III



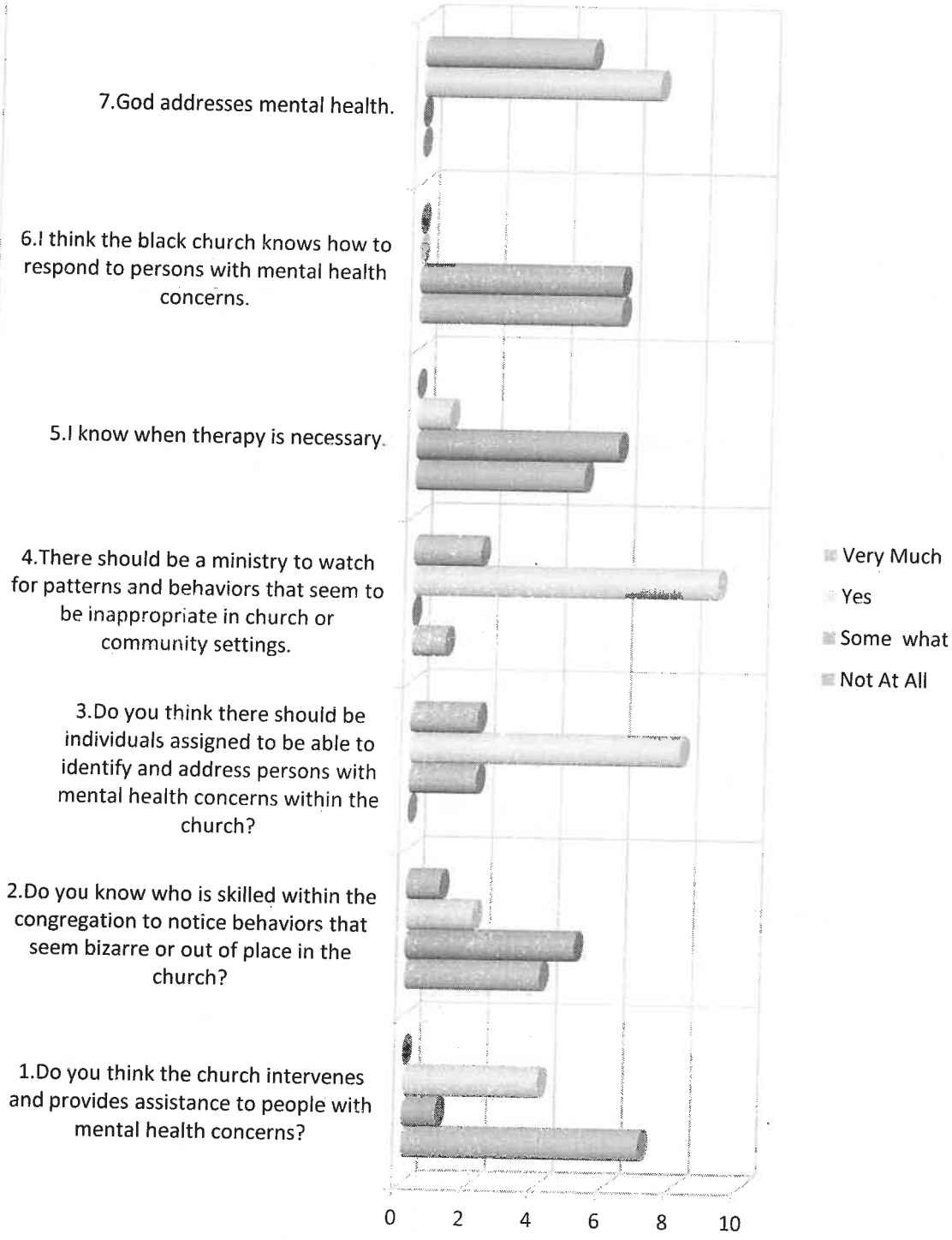
Results-Workshop IV



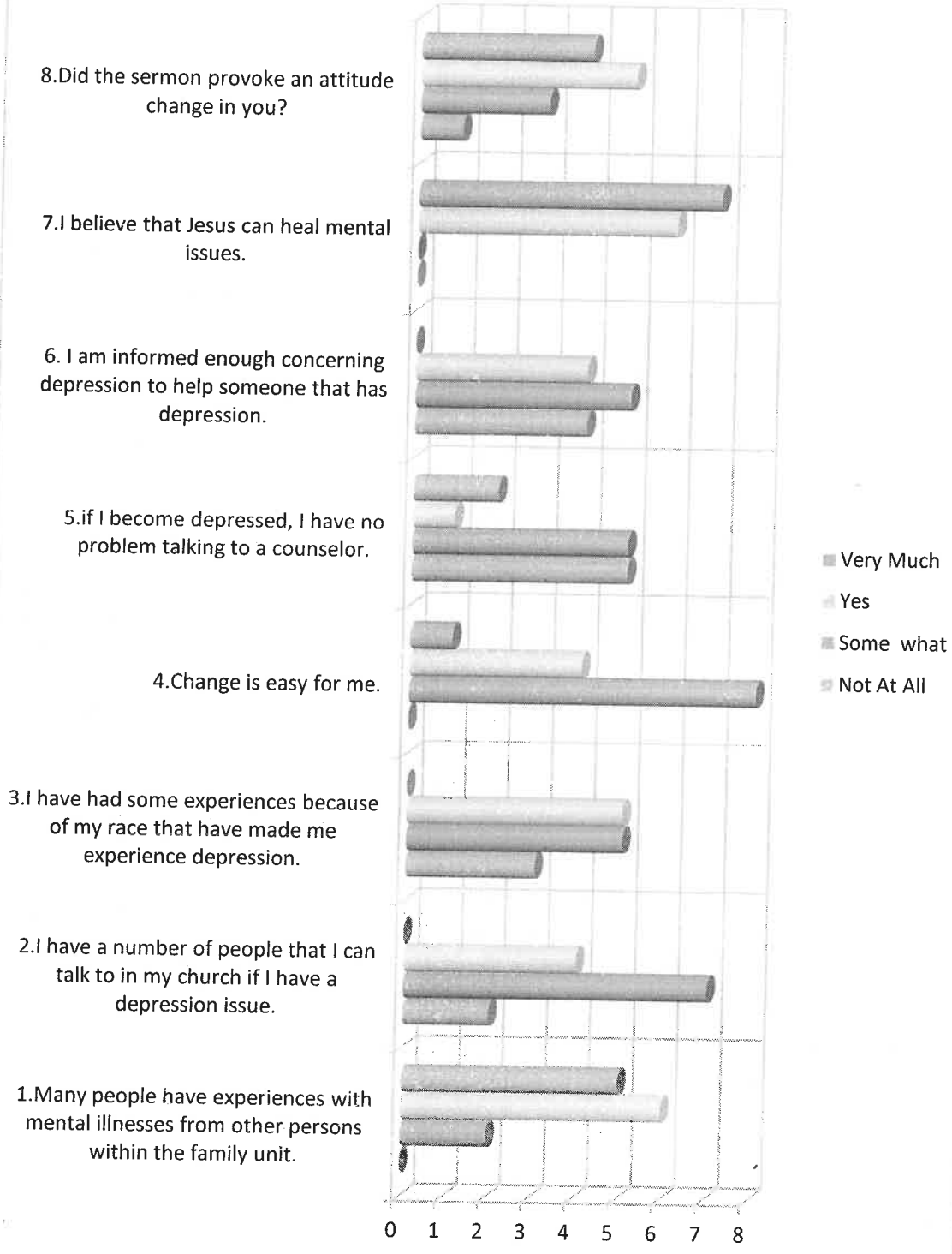
Results-Workshop V



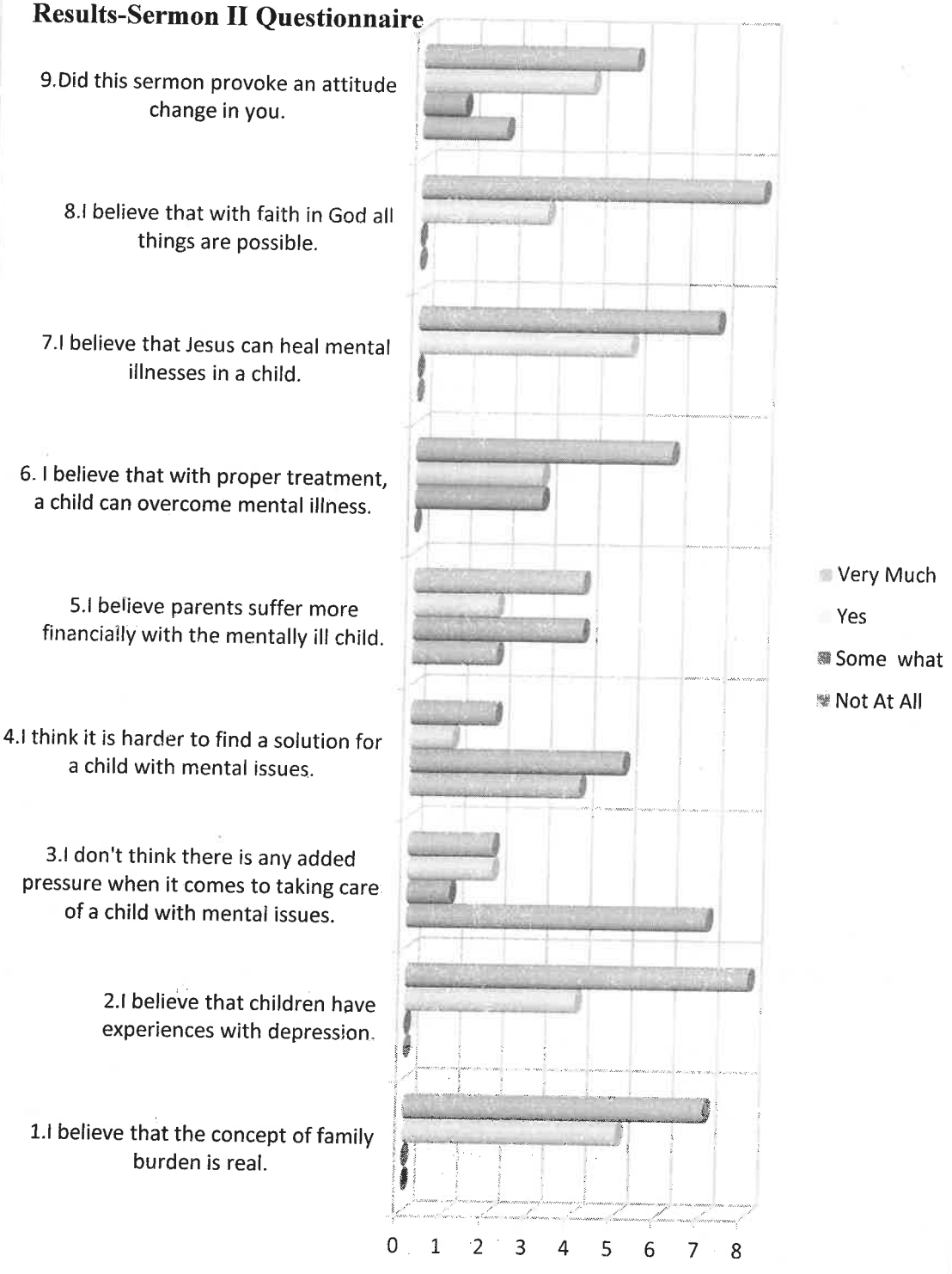
Results-Workshop VI Questionnaire



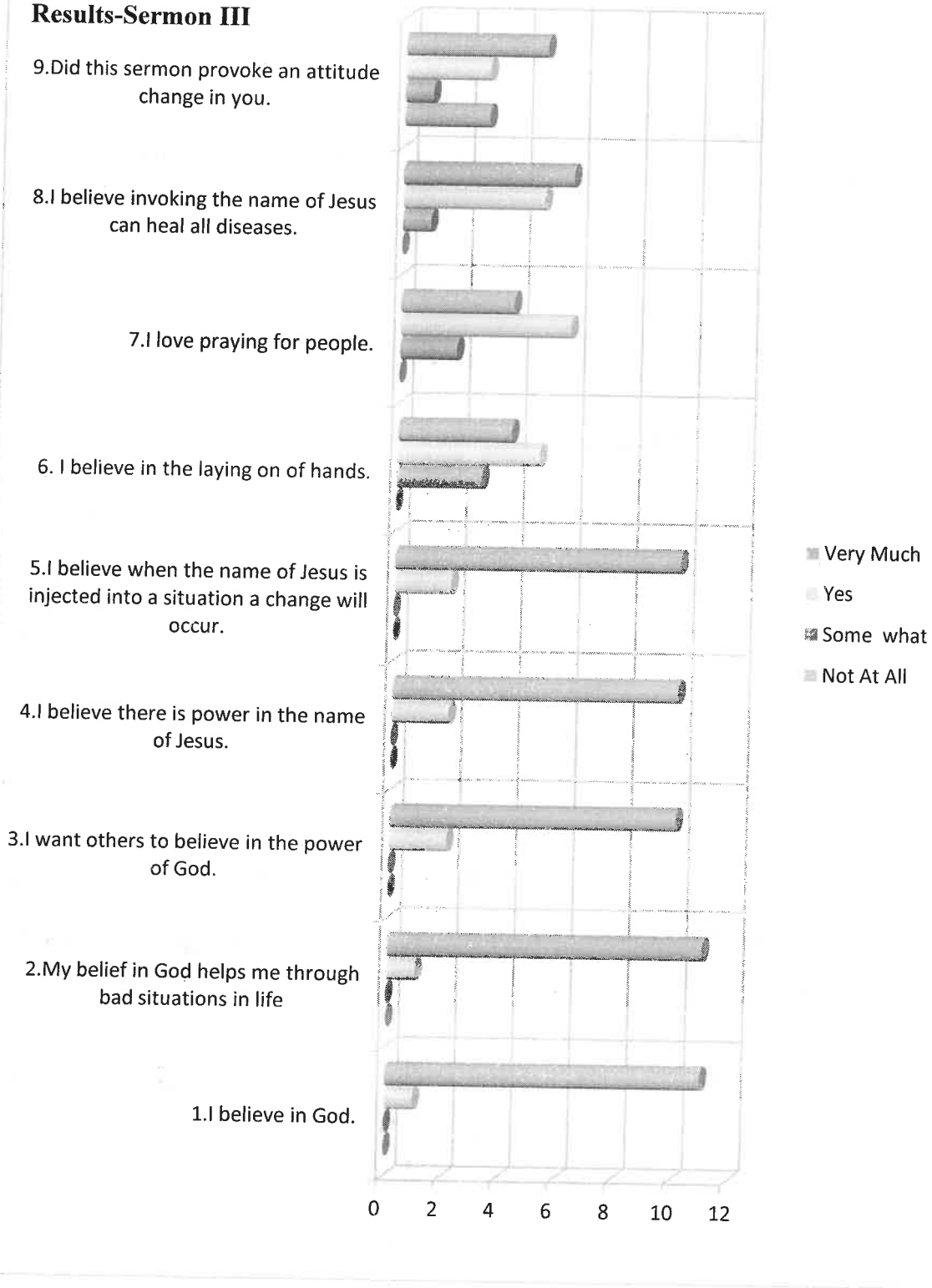
Results-Sermon I Questionnaire

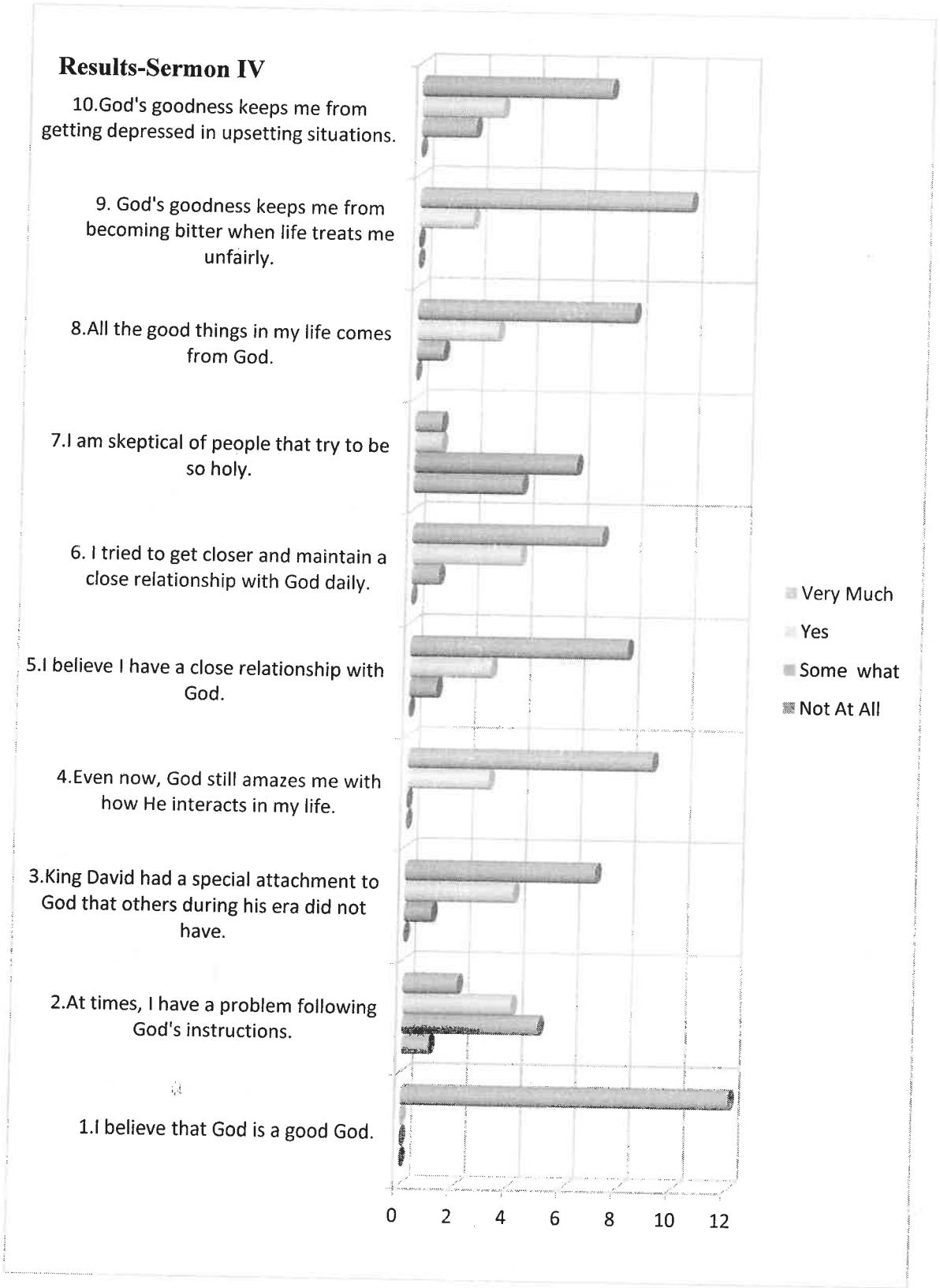


Results-Sermon II Questionnaire

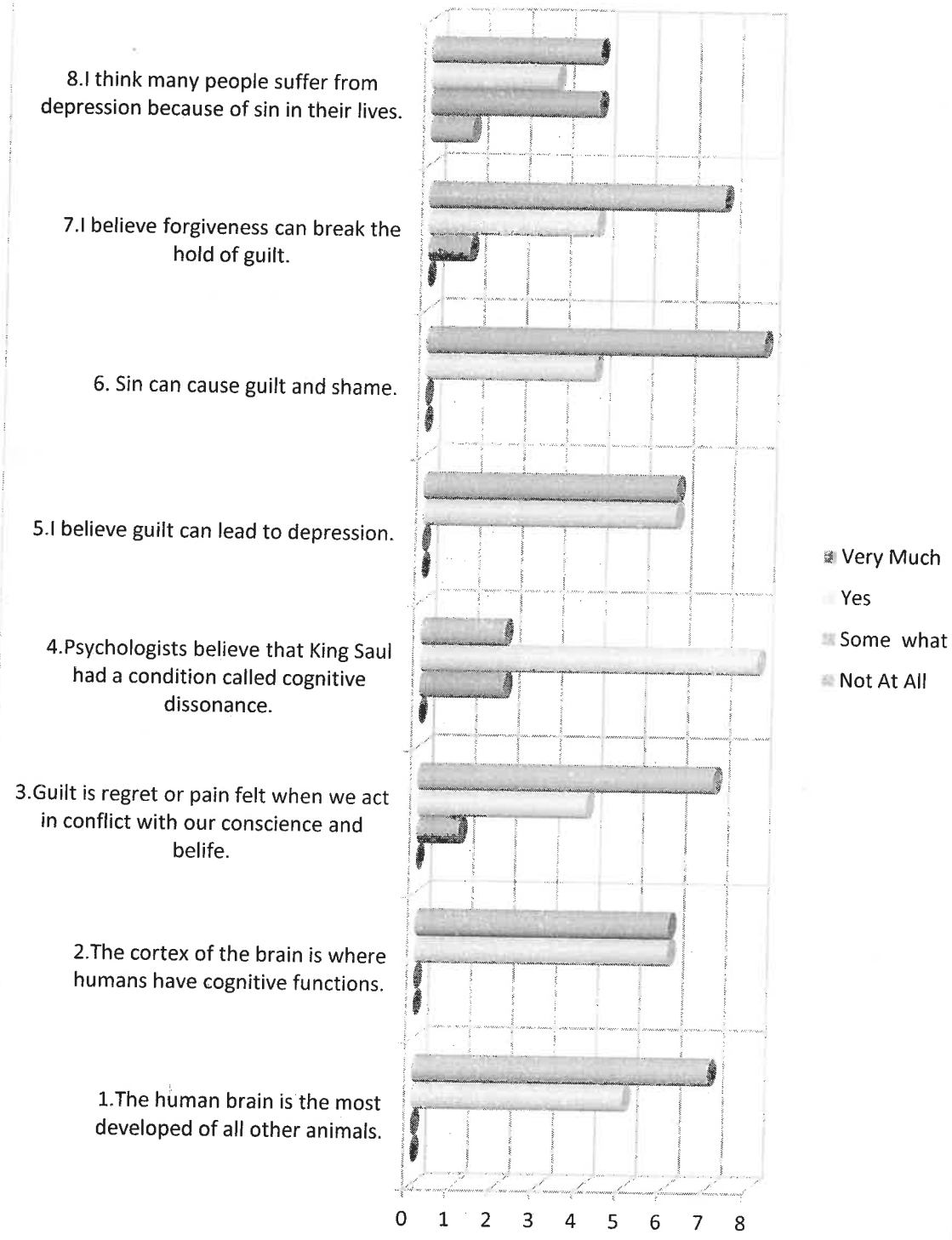


Results-Sermon III

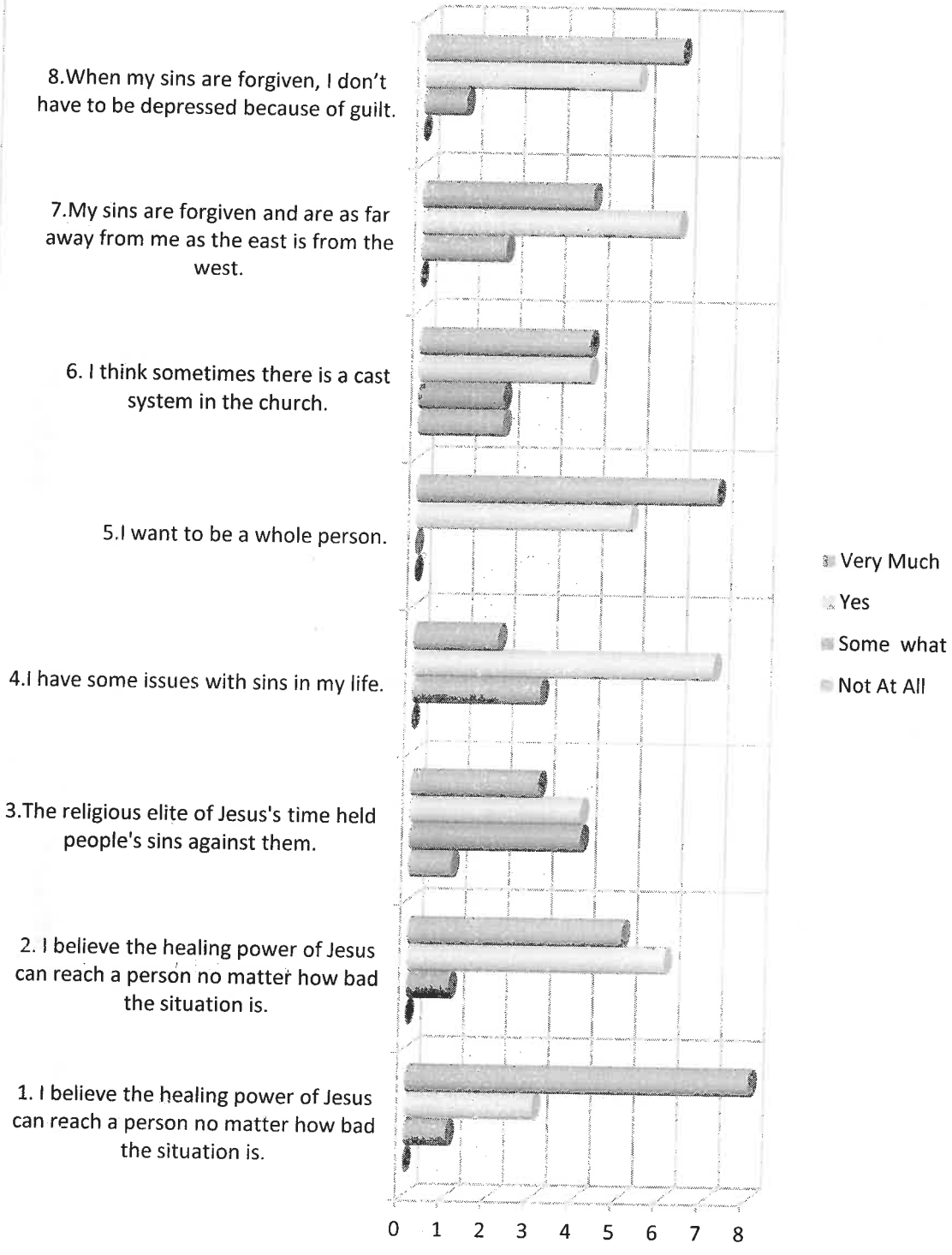



Results-Sermon IV
10.God's goodness keeps me from getting depressed in upsetting situations.
9. God's goodness keeps me from becoming bitter when life treats me unfairly.
8.All the good things in my life comes from God.
7.I am skeptical of people that try to be so holy.
6. I tried to get closer and maintain a close relationship with God daily.
5.I believe I have a close relationship with God.
4.Even now, God still amazes me with how He interacts in my life.
3.King David had a special attachment to God that others during his era did not have.
2.At times, I have a problem following God's instructions.
1.I believe that God is a good God.
0
2
4
6
8
10
12
Very Much
Yes
Some what
Not At All

Results-Sermon V



Results-Sermon VI



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